

**An Exploration of
Broaching and Integrating
Religion and Spirituality
within a Solution-Focused Counselling Practice**

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Abstract

This project explores the practice of broaching the topic of religion and spirituality in a solution-focused counselling practice. Within the recent history of psychotherapy, the practice of *broaching* has been used primarily to explore areas of client-counsellor racial difference, and also to discuss racial and other forms of client diversity.

Research suggests that clients who have religious and/or spiritual beliefs (R/S) prefer integrated counselling and experience better outcomes when their beliefs are welcomed into the counselling room, though therapists sometimes struggle when clients hold differing spiritual beliefs from their own.

Solution-focused counselling is a collaborative, language-based approach to change, where the client is regarded as the expert on themselves and their preferred future, while the therapist is regarded as the expert on solution-focused conversations. This client-led aspect of solution focused counselling can provide challenges for counsellors who wish to broach what some might consider controversial topics. This must be negotiated delicately by counsellors. As a consequence this project included the development of a R/S well-being and helpfulness scale, to promote dialogue about the importance and usefulness of integrating R/S within counselling.

This research uses microanalysis to explore both processes used to broach and integrate spirituality, and outcomes with one client in two transcribed solution-focused counselling sessions. The findings display that broaching R/S is complex. A willingness to broach with an attentiveness to the importance of R/S for the client, their desire for integration and non-verbal cues was demonstrated as vital to enhance client agency and develop the therapeutic alliance. The findings show that the R/S helpfulness scale is a useful tool to privilege the client view of integration of spirituality, and the R/S well-being scale reflects changes in spiritual well-being.

Findings demonstrate solution-focused counselling that is inclusive of client spiritual beliefs. This research demonstrates three solution focused assumptions that are useful to integrate client spiritual beliefs, a client-led approach with a collaborative counsellor stance

that prioritises the therapeutic alliance. Techniques found to be helpful in integrating religion and spirituality are, the use of listen-select-build, tentative and echoed client language, normalising spiritual diversity and using minimal encouragers to welcome beliefs, the use of a non-expert R/S stance, amplifying client agency, an awareness of intersectionality, and the responsive use of client informed outcomes.

Finally, this research uses thematic analysis to reflect on implications for one counsellor broaching and integrating R/S, and found four themes generated in the findings, spiritual discomfort, broaching a new frontier, proactive engagement, and collaborative partnership. Findings show counsellor spiritual self-awareness is critical, as well proactively engaging with client spiritual language and knowledge, and developing a robust alliance that flexibly engages with the client on spiritual issues.

These findings are discussed in light of relevant literature and implications for counsellors and counselling practice are considered.

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Throughout this project, I describe the ways in which this exploration has been a journey – an uncomfortable but dare I say it, enlightening journey. They say it takes a village to raise a child; for me, it has taken a family, a whānau, broad and diverse, to support me as I embarked on and completed this journey of mine.

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¹ A Māori term (indigenous to New Zealand - NZ), meaning generosity of spirit and hospitality

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In the year I completed my thesis, my favourite explorer died. My Dad sailed the Pacific, wholeheartedly loving the vibrant people he met. My exploration has been different – connecting with the God who made me from dust and who loves me with a passion that will never fade, seeking to understand more of my own story so that I may gently collaborate with wonderful yet broken people who want someone to come alongside them for some of their journey.

I humbly offer this learning, hoping others may learn from some of my journey.

Soli Deo Gloria

Renée Santich, June 2020

An Exploration of Broaching and Integrating Religion and Spirituality within a
Solution-Focused Counselling Practice.

Chapter One

The incredible diversity among clients' cultural backgrounds, issues, personal beliefs, and values has been one of the most fascinating and challenging aspects of my community-based counselling placement. In the last year, clients' spiritual beliefs have become a topic of conversation in the counselling room, often as we discuss how the client is coping with risk or grief, or as clients respond to questions with 'spiritual' phrases or language. This has raised important questions for me: how can I know what is important to clients, and how can I be inclusive of their spiritual and/or religious beliefs in the counselling room? In what ways might I ascertain if, or how, a client wants to talk about their spiritual values and beliefs? As a counsellor, how may my own spiritual values and beliefs assist, interact with or perhaps even complicate matters when counselling such a client?

Religious/Spiritual (R/S) beliefs and practices are both influential and oftentimes controversial in most realms of life. Rosmarin et al. (2020) note that 84% of the world's population – which is presently 7.8 billion people – is religiously affiliated, while Diener et al. (2011) estimated that 68% of people say that religion is important to them. There is also significant and growing quantitative research to show that inclusion of clients' R/S beliefs in psychotherapy has a significant and positive association in reducing symptoms related to depression, suicide, and substance abuse (Koenig et al., 2012; Toussaint et al., 2012), while 80% of clients with serious mental health issues use religion as a coping tool (Rosmarin et al., 2020). In their meta-analysis of 97 outcome studies, Captari et al. (2018) similarly highlight that R/S-adapted psychotherapy led to greater improvement in spiritual and psychological functioning for clients, compared with non-R/S treatments or no treatment.

Yet it is clear that giants in the field of psychodynamic theory, including Freud (Freud et al., 1989) and Watson & Skinner (Aten et al., 2012) – along with other noted

intellectuals outside of this field, such as Mencken, Dawkins, and Hitchens – claim that religion is detrimental to general and mental health (Koenig, et al., 2012). Even within my Master's counselling cohort, a discussion of my planned research into the integration of clients' R/S in counselling led to concern over whether this research would force clients to discuss spirituality. These varied responses to spirituality are also reflected in recent New Zealand research, which found that there is significant difference in therapists' inclusion of R/S, depending on the importance of R/S to the therapist (Florence et al., 2019).

My Personal Interest

Most of my working adult life has involved talking with university students about their beliefs, particularly their spiritual beliefs, in a chaplaincy/mentoring role. From my experience in this setting, I have found that many people find it meaningful to discuss both their personal issues and their beliefs. I am curious as to whether the same will be true in the counselling room.

Moreover, in my experience as a client, *not* having my spiritual beliefs enquired about in counselling would have disregarded a significant part of who I am and what is important and foundational in my life, which would exclude valued strengths and resources, not to mention struggles. When I recently recognised a need for counselling to help me cope with family difficulties and trauma from being marginalised for my spiritual beliefs, I only felt safe to seek counselling with someone who I knew shared my particular Christian beliefs. Are there other clients who need to feel that sense of safety, the freedom to speak of their personal beliefs in the counselling room in a way that is safe, inclusive, and non-threatening?

It is my assumption that clients have R/S beliefs of varying importance to them, and that some will wish to integrate these beliefs within counselling. As already noted, there is significant research that speaks to the benefits of integrating R/S within counselling (Vieten et al., 2013) and to the ways in which a positive relationship with spirituality increases the inclusion of clients' R/S beliefs within counselling (Cummings et al., 2014; Florence et al., 2019).

I recognise that my spiritual beliefs are highly salient and fundamental to all areas of my life – though they have also led to marginalisation – and this will impact me in my role as a counsellor and researcher. I also recognise that I have an implicit assumption that it would be better for people to have a strong spirituality (preferably with similar beliefs to mine). But it must be emphasised that I would never seek to force my spirituality on another person in any setting (counselling, research, or otherwise), I would never pressure or coerce a person to accept the Christian worldview, and I will always endeavour to wholeheartedly support (and not marginalise) their unique R/S beliefs, even when I find my beliefs to be in conflict with my clients' beliefs. My research used critical reflexivity as a method to acknowledge and, where necessary, counter these influences.

Purpose of the Study

Because solution-focused (S-F) counselling regards clients as the experts on their lives (De Jong & Berg, 2013), I wanted to know how I could counsel in a way that both assumes the client is the expert and opens the door to welcome client R/S beliefs into the counselling room. Therefore, in my research I explored the salience of clients' R/S well-being and their interest in integrating their beliefs within counselling, and subsequently integrated (following the clients' lead) and assessed the usefulness of including client beliefs within counselling.

My research, conducted throughout my S-F counselling intern placement, discerned ways to work with clients who would like to have their R/S beliefs integrated within their counselling. My particular interest was in what would happen when a dialogue about clients' spiritual beliefs (broaching R/S) was created at the start of a session. I was interested in whether their R/S values and beliefs would prove to be resources or strengths, and whether this could then be included in the development of their preferred future (solutions). Moreover, would there be ways to effectively address potentially harmful aspects of their R/S beliefs or practices? As I was in a dual role of counsellor and researcher, I used microanalysis to examine the approaches and techniques that I used (both useful and unhelpful) and to see the effects that flowed from these techniques. This careful approach

allowed me to develop a spiritually sensitive process for the integration of client R/S in counselling.

Benefits of research

McLeod persuasively argues (McLeod, 2010) that case study research contributes to professional knowledge, enables practitioners to understand therapy with various issues, and provides a structure for therapist professional development through reflection on practice. I propose that an inclusive (not avoidant) approach to a clients' highly regarded R/S within the counselling session may express "core counselling values, particularly [of] social justice" (Cornforth, 2011, p.83). Clients with strong R/S beliefs, or those who are marginalised for their beliefs, would benefit from the offer of a 'safe harbour' in which to incorporate their taonga². The opportunity to include their precious, treasured beliefs in counselling may be likened to upholding the four core values of counselling in the New Zealand Association of Counselling Code of Ethics (New Zealand Association of Counsellors, 2016; Core Values 3.1, 3.2, 3.4, 3.6): a respect for human dignity; partnership; responsible caring; and social justice.

Terms Used in the Research

The term 'psychotherapy' is used interchangeably with the terms 'counselling' and 'therapy' in my writing. Similarly, I interchangeably use 'counsellor', 'therapist', and 'psychotherapist'. I recognise that these terms have slight technical differences, but I mirror the term used within the research being discussed at each point.

For ease of discourse, 'solution-focused' (S-F) counselling is used interchangeably with 'Solution Focused Brief Therapy' (SFBT).

The term 'R/S' in my text is used to refer to 'religious and spiritual' or 'religion and spirituality'. I suggest the reader applies whichever phrase makes the most sense given the context of the discussion.

² Taonga is a Māori (indigenous to New Zealand) word meaning treasured or prized.

Outline of Research Portfolio

This research project is an exploration of broaching and integrating religion and spirituality (R/S) within a solution-focused (S-F) counselling practice.

Chapter One (the current chapter) provides an introduction, the purpose of this study, potential benefits, my unique position with regard to this research, terms used in the research, and an outline of the research portfolio.

Chapter Two reviews the literature related to key terms included within my research, defining religion and spirituality, the integration of R/S with psychotherapy, and broaching – a tool used to address diverse issues in counselling. I also consider contextually appropriate (within New Zealand) integrated models of well-being and the ethical considerations around integration of R/S within counselling. I discuss the evidence base related to integrating R/S with counselling, and outline key S-F counselling tenets and techniques, the integration of R/S with S-F, limitations and the evidence base for SFBT. Finally, this chapter synthesises my rationale for the research project and my research question.

Chapter Three focuses on my methodology. I note the reasons for my choice of a qualitative methodology that uses social constructionism and case-study methodology in a practice-based counselling setting. I also outline the methods used in the design of my research, the research setting, my integrated R/S S-F model, participant recruitment, participants, and selection of cases and data sources, explaining the rigour and trustworthiness of my research. I then examine further ethical considerations related to my dual role as counsellor-researcher, as well as considerations of how my research seeks a spirit of partnership in relation to the Treaty of Waitangi. Finally, I note the design of my data analysis, my immersion and assumptions in the data analysis, and my use of both thematic and microanalytic approaches with my research.

Chapter Four reports my key findings involving the participant in my case – Kauri, a 19-year-old Māori woman – and provides an overview of her counselling. I then report my findings in relation to one particular data source: the microanalysis of counselling with this

participant, firstly through broaching R/S and secondly through integrating R/S within S-F counselling.

Chapter Five highlights my findings in relation to client-informed outcomes: my self-designed R/S helpfulness scale (a client assessment of the usefulness of including R/S within counselling); other client-informed scales (the Outcome Rating Scale and the Session Rating Scale); and my other self-designed R/S well-being scale. This chapter also reviews findings from the thematic analysis of my reflective memos.

Finally, Chapter Six considers the implications of my findings relative to pre-existing research and theories. I discuss the religious constructivist approach used within the counselling, and provide a table that consolidates the assumptions, approaches, and techniques that I used (helpfully or otherwise) to broach and integrate R/S within a S-F counselling practice. I then propose a series of implications for future counselling in this area, before discussing the strengths and the limitations of my research and some potential areas for future research. Finally, I offer a summary of my research.

Chapter Two – Literature Review

In this literature review, I begin by briefly exploring the terms ‘religion’ and ‘spirituality’ and deriving working definitions that will be used within this research. I then briefly note the changing milieu of R/S within the literature. Secondly, I engage in a brief historical discussion of S/R integration (or lack thereof) within psychotherapy, before exploring the development of counselling competencies related to this area, the use of broaching as a means of integrating diverse issues in counselling, and spiritual integration within the New Zealand context (focusing especially on integrated Māori views of well-being and key ethical principles related to spiritual integration). Thirdly, I discuss research related to client outcomes for integrated R/S counselling. Fourthly, I outline key tenets of a S-F approach, note the integration of R/S within S-F counselling, and discuss research related to client outcomes. Finally, I outline my rationale for the research and my research question.

Defining Religion and Spirituality

Defining ‘religion’ and ‘spirituality’ is notoriously difficult; these concepts have evolved over time (Koenig et al., 2012; Pargament, 2007) and are often defined in very personal ways. In this postmodern era, spirituality in particular is increasingly hard to define and can be understood broadly as “a search for the sacred” (Pargament, 2007, p. 32). Scott Young and Cashwell (2011) develop this definition to describe one’s spirituality as “the universal human capacity to experience self-transcendence and awareness of sacred immanence, with resulting increase in greater self-other compassion and love” (p. 7). Within this framework, spirituality can be seen as developmental, contextual, and highly personal, and usually results in caring actions towards others. Religion, meanwhile, is commonly regarded as an adherence to common beliefs, behaviours, and practices connected with a certain faith tradition and community, such as the Anglican denomination or a Muslim community (Captari et al., 2018; Cashwell & Scott Young, 2011). Spirituality can be used as an overarching term that may include religion, though recently these concepts have come to

be viewed as lying along a continuum of perspectives (Robertson & Young, 2011; Scott Young & Cashwell, 2011). Yoon et al. (2020, p. 2) suggest this multifaceted approach to R/S is a “continuum of subjectivity [that ranges] ... from institutionalized, extrinsic, and public practices to personal, intrinsic, and subjective experiences”.

For ease of discourse, I use the term R/S to refer to the overarching category encompassing both the religious and spiritual beliefs (R/S) of an individual (or, where appropriate, a group of individuals). Koenig et al. (2012) suggest that, for the purposes of research clarity, spirituality should be differentiated from terms such as humanism, values, morals, mental health, and positive psychological states (preferring to refer to the ‘secular’ or ‘secular humanist’ as one with no belief in or connection with a transcendent being or god). While this understanding informed my research and my work with clients, I quickly discovered that adopting a constructivist approach meant it was not necessary to categorise client R/S beliefs.

Changing Milieu of Religion/ Spirituality

Some nations, such as the United States, are regarded as religious, with 92% believing in God (Gallup, 2011; as cited in Vieten, et al., 2013). Yet the most recent 2018 New Zealand census (Stats NZ, 2018, 2019) shows that New Zealanders have far greater diversity in their religious beliefs when compared with worldwide trends. Somewhat surprisingly, 48.2% of New Zealanders say they have no religion, which demonstrates a considerable trend away from religion: in 2001, only 29.6% of New Zealanders identified as having no religion (Weir, 2019, October 3). Yet 44.3% of New Zealanders regard themselves as Christian (a label which includes Catholic, Presbyterian, Anglican, Congregational, Methodist, Pentecostal, and many others), while other religious beliefs are held by 7.3% of the population (which includes: Hindu, Māori Christian, Buddhist, Islam, Judaism, Spiritualism and New Age religions, Baha'i, and Asian religions; Stats NZ, 2018). Indeed, the census report shows that there are increasingly diverse religious affiliations (157), alongside a decreasing affiliation with Christianity when compared to 2013 (Stats NZ, 2018; Weir, 2019, October 3). With such diverse belief systems present among New Zealanders, it is

possible that more than half of all clients presenting for counselling will have some kind of religious beliefs that they hold sacred (to a lesser or greater extent, even allowing for the presence of nominalism among many who identify with a particular religion in the Census).

But while the national census provides a simple statistical measure of religious affiliation, the 2018 *Faith and Belief in New Zealand* report (McCrindle, 2018) goes significantly further, incorporating spirituality as a category and seeking to understand the R/S views of New Zealanders. For example, the report shows that 20% of the population identified as being “spiritual but not religious”. Though this study was funded by a Christian organisation (the Wilberforce Foundation), it incorporates a representative sample of 1007 New Zealanders (providing a confidence level of 95%), using intergenerational focus groups combined with analysis of 2013 NZ census data. The report concludes that “Kiwis believe spirituality is important for individual wellbeing” (McCrindle, 2018, p. 7) and states that one in five New Zealanders actively practise their religion (23%), while 17% rarely or never worship as part of a group.

Therefore, the present New Zealand context in relation to R/S beliefs is one of significant change. These reports reveal that there is greater disinterest in religion than perhaps at any other time for the New Zealand population, yet there remains significant interest in R/S, with 72% of people having at least some interest³ (though notably there are generational differences, with less interest in formal religion and an increase in spirituality particularly for younger generations; McCrindle, 2018). This means that we could expect nearly two thirds of clients to have *some* religious or spiritual beliefs that they may be interested in discussing within counselling, with more than one in five New Zealanders possibly regarding their beliefs as highly salient to their day-to-day life.

³ This figure is derived by the 48.2% (that represents NZ people with no religion, but does not consider people who are spiritual) and subtracts 20% (the figure for NZ people who are “spiritual but not religious”), to arrive at a figure 28.2% (or approximately 1/3) of New Zealanders who are not religious or spiritual. Conversely 72% (around 2/3) of New Zealanders may be religious or spiritual.

Spiritually Integrated Approaches

Historically, there has been considerable tension between schools of psychotherapy, spirituality, and mental health (Bray, 2011; Jones-Smith, 2012; Toussaint et al., 2012). Prior to the development of western psychology, spiritual leaders were seen to play a key role in holistically caring for people (Sevensky, 1984), but this came into conflict with the development of the first force of psychotherapy, psychoanalysis, and psychodynamic theories (Jones-Smith, 2012; Worthington, 2011).

The psychoanalytic approach was regarded as an “impartial instrument” for doing research (Freud, 1961/1927, as cited in Simmonds, 2006, p. 128), yet Freud’s thesis included the (subjective) claims that religion is a “universal obsessional neurosis of humanity” and that “neurotic relics” of regressive religious teachings should be replaced by rational intellect (Freud et al., 1989, p. 55). Other similar views, held by Freud and by others, have led to a strained relationship between R/S and psychotherapy and to a dichotomous privileging of rationality that can label spirituality as psychopathological (Bray, 2011; Florence & Mikahere-Hall, 2019; Scott Young & Cashwell, 2011; Sevensky, 1984). This has subsequently led some therapists to see conservative Christians, for example, as anti-intellectual and naïve (Esau, 1998), with faith often depicted as the origin of many neurotic manifestations and a neurotic coping mechanism – a position that was particularly prominent through to the 1970s and 1980s (Aten et al., 2012; Jones-Smith, 2012), though this stance was somewhat modified by later psychoanalysts (Simmonds, 2006). In a discussion about Freud’s psychopathological view of religion, Sevensky (1984) demonstrates that religion and religious concerns should never be seen as evidence of psychopathology, while Pargament (2007) recognises that Freud’s (and others) criticisms of religion, while not completely wrong (as religion can be problematic for some people) are certainly incomplete.

Despite the origins of psychopathologising religious beliefs within psychoanalytic therapy, others presented a different view of spirituality. Perhaps most famously, Jung proposed that the spiritual impulse was vital to human experience (Jung, 1960; as cited in Scott Young & Cashwell, 2011). More recently, Bergin’s (1980) influential critique of

methodological biases and problems in early studies that upheld “the negativity of religion on mental health outcomes” (Aten et al., 2012, p. 4) has sparked a substantial challenge to the psychotherapy community, calling on it to acknowledge that there is no “value-free” therapeutic approach. Bergin’s paper has “facilitated if not stimulated an entire program of research on religion and mental health” (Slife & Whoolery, 2003, p. 181).

The Development of Integrated R/S Approaches

There are now many integrated approaches that give R/S an important place within psychotherapy. Of historical importance is the work of Rollo May (1939), who integrated psychotherapy and Christianity, critiquing other psychological theories such as Freud, Jung, Adler, and Kunkel as useful but deficient. May posited that “religion is necessary for true mental health ... [and] the fundamental problems of men [sic] are, then, religious problems and demand religious answers” (May, 1939, p. 387).

Much later, former seminary student Carl Rogers developed the person-centred approach. Similar to Bergin, he posited the importance of a “value-neutral approach” to therapy (Aten et al., 2012), though later acknowledging that he had “underestimated the importance of this mystical, spiritual dimension” (Rogers, 1955, as cited in Bray, 2016, p.33). Rogers later came to regard spirituality as “the centre of...[his] conceptualization of the empathic relationship...[which] permit[s] the counsellor to respond to the clients’ deep need for universal attachment and tendency to actualize” (Rogers, 1995, as cited in Bray, 2016, p. 34). Building on this, Bray (2011) proposes that one way to integrate counselling and spirituality is to “regard the core skills of counselling as fundamentally spiritual in themselves ... a dimension of depth in the work we already do”. He calls on the counsellor to “focus less on technique and more on relationship” (p. 82). Though, it must be said, this may not seem a very inclusive proposal for those that hold a secular belief system.

There have been many attempts to further integrate religious approaches since Rogers. For example, Alcoholics Anonymous was initially based on Christian and humanistic integration, which then morphed into a broader spirituality. This approach integrated the “essence of spiritual experience” in recovery as an “awareness of a Power

greater than ourselves” (Spencer, 2001, as cited in Bray, 2016, p. 26). Many sectarian, integrated approaches inclusive of Eastern religions have also been developed (Worthington, 2011).

Pargament’s (2007) work, *Spiritually Integrated Psychotherapy*, cited by many (such as: Captari et al., 2018; Jones-Smith, 2012; Koenig et al., 2012; Toussaint et al., 2012), highlighted two main areas in an integrated S/R approach: the *importance of a client-centred approach* in spiritually sensitive counselling, and the *synergy of four professional qualities of the spiritually integrated therapist*: self-awareness; spiritual literacy; tolerance of spiritual diversity (rather than intolerance); and authenticity. He also posits the antithesis – the spiritually dis-integrated therapist who is “spiritually intolerant and spiritually illiterate” (Pargament, 2007, p. 187). Pargament also highlighted the fact that a client’s spirituality can be either a salient or latent strength or a part of their problem, proposing the use of religious constructivism as a useful approach to working with clients with diverse beliefs (further discussed in Chapter Three). His earlier research on religious coping (Pargament, 1997) found that religion plays a key role in helping people deal with crises, where 50-85% of people stated that religion was helpful for them coping with difficult situations. Critics highlight the fact that Pargament’s theory was developed within a Judeo-Christian belief system (a fair critique) and suggest that these beliefs promote a theory of rational choice, where unconscious spiritual ways of religious coping have been overlooked (e.g. Xu, 2016).

Tan (1996), as cited in, Walker et al. (2004) also noted diverse ways of integrating R/S within counselling, from explicit integration (which includes a more overt approach, such as using spiritual resources, likened to a form of spiritual direction), to implicit integration (with no initiation of R/S issues) and intrapersonal integration (where the therapist incorporates their R/S experience in counselling, such as silently praying for a client).

In sum, there are many and varied ways to integrate R/S in counselling, though Pargament’s integrated two-pronged approach capturing the key tenets in an integrated S/R approach: firstly, *be led by the clients’ approach to spirituality* (which may be seen as a resource, a coping mechanism, or a problem); and, secondly, *develop appropriate professional qualities as*

a counsellor that enable self-awareness and spiritual inclusiveness, rather than spiritual intolerance.

Competencies to Integrate S/R within Counselling

In the United States, there have been significant developments in the integration of spirituality and mental health services through the establishment of the Association for Spiritual, Ethical and Religious Values in Counselling (ASERVIC) in 1952 (Robertson & Young, 2011). Initially, ASERVIC was strongly influenced by Roman Catholicism, but has now become a non-denominational division of the American Counselling Association, seeking to promote awareness and counsellor training in these areas (Robertson & Young, 2011). There is also a comparable spirituality division in the British Association for Counselling and Psychotherapy (BACP). But as Bray (2016) notes, there is no comparative division within the secular New Zealand Association of Counselling (NZAC), nor within the New Zealand Association of Psychotherapists (NZAP), though he also notes (rather unsurprisingly) that the New Zealand Christian Counsellors' Association promotes spirituality within counselling. Bray (2011) states the NZAC promotes spirituality primarily through the promotion of Māori spirituality.

ASERVIC's integrated approach to spirituality in counselling (ASERVIC, 2009) correlates with nine counsellor competencies that cover skills, knowledge, and awareness of spirituality, encompassing six broad areas, as (Robertson & Young, 2011, p. 30-37):

Category 1: Culture and Worldview: this includes the counsellor's knowledge of spirituality and religion and of broad, basic beliefs and systems such as major world religions, agnosticism, and atheism; this also includes the counsellor's recognition that a client's beliefs (or lack of beliefs) are "central to their worldview and can influence psychosocial functioning" (Robertson & Young, 2011, p. 30).

Category 2: Counsellor Self-Awareness: this includes three competencies: the need for the counsellor to actively explore their personal attitudes, beliefs, and values about R/S; the need for the counsellor to be aware of the way these values influence the client and the counselling process; self-awareness of the limitations in these areas and an ability to refer appropriately.

Category 3: Human and Spiritual Development: counsellors must be able to describe and apply models of R/S development and how they relate to human development.

Category 4: Communication: counsellors must: respond to clients' R/S communication with acceptance and sensitivity; use R/S concepts consistent with the clients' beliefs; recognise R/S themes in therapy and address these when therapeutically relevant.

Category 5: Assessment: during intake and assessment, the counsellor seeks to understand the client's R/S perspective through varied means.

Category 6: Diagnosis and Treatment: the counsellor recognises that the client's R/S can either "a) enhance well-being; b) contribute to client problems; and/ or c) exacerbate symptoms" (Robertson & Young, 2011, p. 35). Accordingly, the counsellor sets goals consistent with the client's R/S perspective, and is able to either modify therapeutic techniques to include the client's R/S perspective or utilise R/S practices as appropriate and acceptable to the client.

These competencies are primarily framed to deal with problem-focused counselling approaches, seeking "to discern a healthy religious and spiritual life from a toxic one" (Cashwell & Scott Young, 2011, p. 5). They may not be as useful working within a S-F approach that is focused on the clients' preferred future, rather than on the problem (Hanton, 2011). Nor would they be as useful within a constructionist epistemological framework, where there is little need for a comparative assessment of any 'deficiencies' with the client's development, either spiritually or developmentally.

Bray supports the use of these ASERVIC competencies, utilising the four domains: "knowledge of spiritual phenomenon; awareness of one's own spiritual perspective; understanding clients' spiritual perspectives; and [being able to use] spiritually-related interventions and strategies" (Bray, 2016, p.23). These strategies, in line with the work of Pargament (2007), provide a useful framework for integrating R/S with a counselling approach.

Counselling Clients with Contrasting R/S Beliefs

Research shows that therapists prefer similarity between a clients' R/S beliefs and values and their own (Cummings et al., 2014), similarly Mayers et al. (2007) found that there

is a gap between therapists' spirituality and clients' spirituality, where therapists are far less spiritual than clients (Bergin & Jensen, 1990; Walker et al., 2004). Moreover, researchers have found that clients with 'fundamentalist' beliefs may be a challenge to counsellors who need to adjust their clinical approaches and biases (whether favourably or unfavourably) in order to work with these clients (Hill et al., 2012b), and that some counsellors feel they are doing "battle with God" (p. 48) when they counsel clients with strong spiritual beliefs (Eriksen et al., 2002).

Research also shows that many counsellors have difficulty when their own beliefs intersect contrarily with the R/S beliefs of the client (Magaldi-Dopman et al., 2011). A recent qualitative UK study (Woodhouse & Hogan, 2020) that explored trainee counsellors' experiences integrating R/S in therapy found two dominant themes: "spirituality supports clients but needs a warning" (p. 4; as it can be anxiety-provoking, with the potential to create conflicts); "spirituality is relevant but undervalued" (Woodhouse & Hogan, 2020, p. 6), and there is a need for the counsellor to develop self-awareness through supervision and reflection.

In a US-based qualitative study, Magaldi and Trub (2018) explored psychotherapists' personal self-disclosure of spiritual/religious/non-religious beliefs (S/R/N) within counselling, finding that therapists who placed a high value on S/R/N identity development more often made a "conscious intention to invite exploration of S/R/N content within the therapeutic encounter" (p. 494). Conversely, the decision to not disclose counsellor S/R/N (though often for sound clinical reasons) was influenced by the therapist's personal discomfort (Magaldi & Trub, 2018). This research also summarised the "crucial role of self-awareness in building a capacity to convey authenticity and openness about S/R/N matters with clients, especially given the religiosity gap between therapists and their clients" (Magaldi & Trub, 2018, p. 495). Similarly, Yoon et al. (2020) showed the interconnectedness of R/S and identity, also the importance for psychologists to "be conscious ... not to exert undue influences or take an experts position while addressing R/S matters" (p. 13), but to maintain spiritual humility (while recognising they are experts in psychological matters).

Just as Bergin's 1980 study proved influential to the American Counselling Association, so too within New Zealand Bray (2011) regards Everts and Agee's (1994) charge to counsellor educators – to accept “the importance of acknowledging spirit in Aotearoa, New Zealand” (p.85) and subsequently to prepare counsellors-in-training to incorporate spirituality in their practice – as vitally important. Bray states that there is more room for training in this area as presently, “counsellors are trusted to make their own judgements as to whether a client's spiritual concern, or any issue, falls within the scope of their competence ... [and] counsellors have the freedom to deem themselves competent...” (Bray, 2011, p. 91). Worthington et al. (2009, p. 271) suggest that counsellors identify whether client R/S beliefs conflict with their own R/S beliefs such that they are not comfortable forming a working alliance with the client or the client is regarded to be outside the “zone of toleration”. In this case, they suggest that referral to a more suitable counsellor is ethically appropriate.

Other research has shown that some clients with strong R/S beliefs may fear accessing secular counselling (Esau, 1998; Mitchell & Baker, 2000; Polonyi et al., 2011), while another study showed “clients' religious beliefs are commonly excluded from counselling” (McVittie & Tiliopoulos, 2007, p. 515). Other clients may fear further trauma from marginalisation by counsellors with very different belief systems, and counsellors are encouraged to envisage working with conservative Christians as a culture, where only ‘insiders’ can challenge erroneous problematic beliefs (Eriksen et al., 2002). More recently, local research has shown that Pasifika clients experience their spirituality as inseparable from mental and physical components, and their identity is closely connected with extended family, church, and community, rather than fitting a Western individualistic view (Campbell & Wilson, 2017).

Research suggests helpful ways to better prepare counsellors to work with clients who hold contrasting beliefs: develop self-awareness through supervision and reflection (to address discomfort and potential R/S differences); take a non-expert R/S stance; assess whether the client is outside their zone of toleration or competence (though there is no official framework within New Zealand to do this); take particular care with clients who

may be marginalised for their R/S beliefs, and carefully consider how to privilege client beliefs, include familial connections and wider systemic, epistemological frameworks.

The New Zealand Context

Having discussed the integration of R/S within psychotherapy and the subsequent development of counsellor competencies to enable integration, I turn more specifically to the New Zealand context. Within Aotearoa, there are two key influences that I will address in relation to my research: Māori views of well-being (that are inclusive of spirituality, or wairua); and the NZAC Code of Ethics (2016).

Māori Views of Well-being. Early Polynesian ancestors of the Māori carried their beliefs about spirituality and the divine origins of the world to Aotearoa. Spirituality remains a cornerstone of Māori well-being, as illustrated by the ‘Te Whare Tapa Wha’ model developed by Mason Durie (Durie, 1994). Similarly, early European Christian missionaries to New Zealand brought their own spiritual beliefs, cultural outlook, and values, leading to mutual interaction, teaching, and sometimes integration of spiritual beliefs (Carpenter et al., 2014).

Since then, within New Zealand, the Tohunga Suppression Act, 1907 banned Māori religious deities and promoted a view which said, “Māori spirituality and ways of healing are illegitimate” (Florence & Mikahere-Hall, 2019, p. 7). This Act was repealed by the Maori Welfare Act, 1962. Durie’s ‘Te Whare Tapa Wha’ model is now widely utilised within education and health, being seen as the “best known Māori model of health in New Zealand” (Drury, 2007a, p. 25).

Te Whare Tapa Wha is generally regarded as being indicative of a culturally appropriate approach to well-being (Bray, 2016; Rochford, 2004). It utilises the metaphor of a house to illustrate the four cornerstones of health: four walls are central to identity and well-being, with the spiritual dimension (taha wairua) being one of these walls, acknowledging culture and connections with people, ancestors, and nature.

This approach has spawned other frameworks that are inclusive of and shaped by Māori (Ahuriri-Driscoll, 2014; Drury, 2007b; Piripi & Body, 2010; Wenn, 2006). Ahuriri-

Driscoll (2014) emphasizes that, for Māori, “wairua is the first thing and everything you do” (p.33); the person’s spirituality is regarded as the starting place of dialogue and as central to an individual’s positive health and wellbeing (wai ora). Similarly, in their development of an assessment tool for suicide prevention with tangata whenua, Piripi and Body (2010) highlight the importance of the divine or sacred element intrinsic to people. More recently, Wiremu Grey has broadened the Te Whare Tapa Wha model to the “Te Whare Mauri Ora” (Grey, 2019; Grey & Siataga, 2019), in which he also notes the importance of wairua or identity, and integrates positive psychology to further develop character strengths, spiritual well-being, meaning and purpose, cultural esteem, and values and beliefs in counselling (W. Grey, personal communication, 21 February 2019). These approaches are contextually significant within New Zealand, and all are inclusive of spirituality as a key component to develop health and well-being with clients.

While noting that there is a groundswell for change to integrate spirituality and therapeutic approaches, Florence and Mikahere-Hall (2019) also note that Māori spirituality is “belittled by Christian and western assumptions” (p. 2). In their grounded research study, they uncovered three dominant assumptions among psychotherapists with regard to integrating spirituality in their practice: psychotherapy is secular; psychotherapy touched episodically with R/S ; and R/S is “inextricably connected” with psychotherapy (Florence & Mikahere-Hall, 2019, p. 6). The three Māori participants in the study believed that spirituality was inextricably connected with therapy, leading Florence and Mikahere-Hall (2019) to suggest that an openness to integrating a clients’ view of spirituality may provide a safe and “kindred space” for clients.

Key Ethical Principles for NZ Counsellors. The NZAC Code of Ethics (2016) highlights core values and ethical principles in a counsellor’s treatment of clients that relate to appropriate integration of R/S within counselling. I will discuss contextual ethical principles and guidelines regarding counsellor conduct towards clients in relation to including R/S and counsellor self-awareness of R/S. The guiding principles that seem pertinent regarding ethical counsellor conduct related to working with spiritually diverse clients are:

Principle 4.1 Act with care and respect for individual and cultural differences and the diversity of human experience.

Principle 4.2 Avoid doing harm in all their professional work.

Principle 4.5 Promote the safety and well-being of individuals, whanau, kaupapa, hapu and iwi.

Guideline 5.2 (d) Counsellors shall *avoid discriminating against* clients on the basis of their race, colour, disability, ethnic group, culture, gender, sexual orientation, social class, age, religious or political beliefs or on any other basis.

Guideline 5.2 (e) Counsellors shall work with clients in ways that are meaningful in the context of and respectful towards, the clients' cultural communities.

(New Zealand Association of Counsellors, 2016)

The second key area addressed in the guidelines relates to the counsellor's self-awareness of their spirituality:

Guideline 5.2(a) Counsellors shall take account of their own cultural identity and biases, and seek to limit any harmful impact of these in their work with clients.

Guideline 5.2 (c) Counsellors shall learn about and take account of the diverse cultural contexts and practices of the clients with whom they work. (New Zealand Association of Counsellors, 2016).

The Code of Ethics makes clear that ethical practice requires: incorporating a client's individual and cultural differences with care and respect; never doing harm nor discriminating against clients, but promoting their safety and well-being; and working with them in meaningful ways in keeping with their communities. Bray (2011) notes that, historically, the NZAC has been secular and "has had little to do with the promotion of spirituality in counselling except where it directly corresponds with the unique national context of bicultural partnership with Māori and Treaty bonds" (p. 77). Bray's criticism seems reasonable, as there appears to be a silence or a discourse deficit on the benefits of S/R as a powerful resource for clients (as demonstrated by the Te Whare Tapa Wha model). The Code presents R/S beliefs as a matter to avoid discrimination against, rather than as something to actively support and encourage.

Thus within the New Zealand context, it is clear that an integrated approach of including spirituality within counselling is contextually appropriate, particularly for Māori clients, as well as being ethically in line with New Zealand counselling practice.

Evidence Base on R/S Integration

Research shows that in the years until 2000, a majority of 724 studies that integrated therapy with R/S found that there was at least one statistically significant positive association in reducing client symptoms for mental health outcomes (with either depression, suicide or substance abuse; Koenig et al., 2012). More recently, Toussaint et al. (2012) reviewed 150 studies between 2001 and 2009 and found at least one positive association between client R/S and improved mental health. In their meta-analysis of 97 outcome studies, Captari et al. (2018) also highlight the fact that R/S-adapted psychotherapy led to greater improvement in both spiritual and psychological functioning for clients when compared with non-R/S treatments or no treatment. In a similar meta-analytic review, Smith et al. (2007) funded by Brigham Young University (a Mormon university) found there was effective benefit to R/S adaptations in psychotherapy across 31 outcome studies with Christian and Muslim clients. They also showed that interventions with spiritual components had far greater effect than secular interventions. Norcross and Wampold (2018) found comparable results from a meta-analysis on evidence-based responsiveness to adaptations of psychotherapy, they found there were three demonstrably effective adaptation treatment methods (culture, therapy preferences and R/S) for clients who had these characteristics.

Other research shows that “many clients who experience R/S as a salient part of their identity hope that the therapist will integrate their beliefs and values within psychotherapy” (Vieta et al., 2013, p. 1949).

Notably, though, recent New Zealand research shows significant difference in the likelihood that therapists will include R/S within counselling, directly relating to the importance of R/S to the therapist (Florence et al., 2019). Furthermore, a systematic review by Cummings et al. (2014) shows that holding a positive attitude towards integrating R/S

into therapy has a positive relationship with a therapist's ability to offer spiritually integrated therapy.

Cummings et al. (2014) also found that, though therapists prefer similarity between a clients' R/S beliefs/values and their own, differences between these beliefs do not seem to affect therapeutic outcomes. A recent study by Rosmarin and Pirutinsky (2020) found that religious patients benefited equally from therapy delivered by secular or religious therapists – though the researchers propose that “a favourable attitude towards religion might [be] more critical for the provision of spiritually/religiously sensitive care than [the] specific religious identity of a therapist” (Rosmarin & Pirutinsky, 2020, p. 6).

Yet other research suggests that even secular counselling can produce positive R/S outcomes for religious clients. Mayers et al. (2007) found that secular therapy led to diminished distress and a strengthening of faith and spirituality for religious clients. It is especially notable that all researchers in this study were from a firmly non-faith stance. Similarly, in comparing two group interventions on forgiveness – one secular in approach and one religious – Rye & Pargament (2002, as cited in Pargament, 2007) found that both approaches were equally effective.

It is also noteworthy that integration of R/S may change the nature of the therapeutic relationship. Magaldi-Dopman (2009) notes that incorporation of R/S will sometimes deepen the therapeutic alliance, but it may also lead to tension that needs to be addressed within therapy.

Overall, this research shows that there are clear beneficial aspects to an integrated R/S approach for clients who are spiritual, and even secular therapy can be beneficial to R/S clients if it is supportive of their beliefs (though attention to the effects on therapeutic alliance need to be scrutinised). It is also evident that therapists who hold a positive attitude to R/S integration are more successful in integrating spirituality in counselling.

Broaching: A Tool to Integrate Diverse Issues

Because the technique known as “broaching” forms such an integral part of the present study, it is important to understand something of the background to this term as it

has been used in modern counselling practice. Just as the ASERVIC competencies call for the integration of R/S within counselling, Day-Vines et al. (2007) have proposed the need for counsellors to be culturally inclusive through “broaching”. Initially this technique was utilised to incorporate discussions of race, culture, and ethnicity in the counselling setting, though further studies have shown the usefulness of broaching to integrate complex and diverse issues such as R/S (Cook-Masaud & Wiggins, 2011; Giordano, 2017; Moore-Thomas & Day-Vines, 2008; Schwarz & Roe, 2015), race and R/S issues (Cook-Masaud & Wiggins, 2011; Giordano, 2017), R/S and genetic counselling (Thompson et al., 2016), and race and sexuality issues (Addison & Coolhart, 2015; Robertson & Avent, 2016; Schwarz & Roe, 2015; Thomas et al., 2009).

Broaching was first described by Day-Vines et al. (2007) in this way:

Broaching behaviour refers to a consistent and ongoing attitude of openness with a genuine commitment by the counsellor to continually invite the client to explore issues of diversity. ... Broaching functions as one facet of therapeutic responsiveness that places the onus of responsibility on the counsellor to initiate race-related dialogues. (p. 402)

In this initial study, the researchers developed five categories on a continuum of counsellor broaching behaviour: Avoidant (characterised by minimisation or marginalisation of issues); Isolating; Continuing/Incongruent; Integrated/ Congruent; Infusing (where client identity, interventions, and empowerment intersect). This was later modified to combine avoidant and isolating broaching behaviour (Day-Vines et al., 2018). The initial formative work also proposed that counsellors’ skill along the continuum related to their:

[L]evel of racial identity functioning ... [where] counsellors who display advanced levels of broaching and possess heightened levels of racial identity functioning are likely to promote trusting and open relationships with their clients and accommodate a range of social and cultural experiences. (Day-Vines et al., 2007, p. 406)

This research proposed that counsellors with a greater skill level in broaching racial issues and with higher awareness of counsellor racial identity build stronger alliances (robust enough to flex across a range of stressful experiences) with clients. Further research

(Day-Vines et al., 2013) has demonstrated that an inability to address these issues is damaging to the clients and the alliance:

[The inability] contributes to (a) dissatisfaction with the counselling process, (b) suppression of personal disclosures, (c) premature departure from treatment, and (d) clients' effort to meet their culture-specific needs outside the counselling relationship. (p. 211)

Similarly, a later study found that increased competency in broaching can lead to improved rapport and better outcomes for clients, particularly clients who are from contrasting backgrounds to the counsellor (Day-Vines et al., 2018; Day-Vines et al., 2007; King & Borders, 2019). This racial broaching research shows the importance of a commitment from the counsellor to self-awareness (of the issue) and a willingness to initiate discussion (rather than avoid the issue), suggesting that such openness leads to better outcomes for the client (at least on racial issues) and a stronger, more robust alliance.

This most recent study found avoidant trainee counsellors tended to “adopt a race-neutral counselling stance” in which they ignore cultural content, minimise and generalise any racial issues, and fail to initiate discussions, leaving “the client feeling misunderstood, unfairly judged, devalued, dissatisfied with the counselling process, and ill-equipped to manage psychologically distressing encounters both within and outside the counselling dyad” (Day-Vines et al., 2018, p. 91).

Integrated/Congruent counsellors (Day-Vines et al., 2018), however, initiate and respond sensitively to clients' racial, ethnic or cultural concerns, rather than blaming the client for any experiences or perceptions of racism. They demonstrate empathy, along with an awareness of both socio-political concerns and culturally inappropriate and psychopathological behaviour, as they integrate culturally relevant interventions for the client.

The final, most effective category on the broaching spectrum, ‘Infusing’, includes skills from the Integrated/Congruent category. Yet the Infusing counsellor is also able to broach “both within and outside the counselling relationship to provide systemic interventions that improve client well-being” (Day-Vines et al., 2018, pp. 95-96). This

Infusing high water mark appears to correlate with the benchmarks required by the New Zealand Association of Counselling (NZAC, Guidelines 5.2): “(f) Counsellors shall support their clients to challenge the injustices they experience” and “(h) Counsellors shall promote social justice through advocacy and empowerment” (New Zealand Association of Counsellors, 2016).

While much of the preceding analysis focused on broaching racial issues, its connection to the subject of R/S is clear and important. Just as it seems that an inclusive (Infusing) approach to racial issues for clients (who experience this as a salient issue) may be important in order to challenge injustice and promote social justice, so too an inclusive approach to R/S with clients who experience R/S as a salient issue may challenge injustice and promote social justice for this client.

While Day-Vines’ 2007 study (and possibly the 2013 study) was conducted with ‘white’ counsellors broaching with clients from varied racial backgrounds, a contrasting study explored broaching behaviour among “eight professional counsellors of color” (p. 77) working with ‘non-coloured’ clients. Bayne & Branco (2018) found that counsellors

[D]escribed broaching as a complex process, influenced by client factors, counsellor comfort, and considerations for how and when to broach if warranted. ... contrary to previous models of broaching ... participants did not experience broaching behaviours as necessary at the beginning of the counselling relationship, nor did they universally recommend broaching for all client situations. Instead, their experiences indicated that, as counsellors of color, they preferred to be attentive to components of client identity and session dynamics prior to making any intentional broaching statements. (p. 82)

These counsellors from racially diverse backgrounds highlight the complexity of broaching. Bayne and Branco (2018) note they preferred attentiveness to client identity, language cues, and session dynamics to guide them (broaching was not required at the beginning of counselling, nor was it recommended for all clients), in contrast to the approach recommended by Day-Vines et al. (2007). Other key factors regarding the use of broaching in Bayne & Branco’s 2018 study included a consideration of the possible impact on the client (how useful might this approach be for the client and their therapy?), client characteristics (how might the client respond to racial or cultural issues, and how might

these issues be a barrier to clients' success in counselling?), and the relative strength of the therapeutic relationship (will it cope with the potential stress/rupture caused by broaching?).

Whereas Day-Vines et al. (2007) found that it was important for white counsellors working with non-white clients to broach early in order to establish rapport and gain credibility with clients, Bayne and Branco (2018) found that 'counsellors of color' were wary of broaching early (and rupturing the alliance). They preferred to "follow the clients' lead" (p. 82), relying on their intuition and observation of non-verbal client communication in order to establish rapport and ascertain client discomfort.

Sperry (2010, p. 73) notes that "alliance ruptures are basically tensions or breakdowns in the *collaborative* relationship between client and therapist" (emphasis original) that range from a "strain" to an extreme rupture, where "the client may directly manifest negative sentiments to the therapist or even terminate therapy prematurely" (Sperry, 2010, p. 75).

Day-Vines et al. (2018) subsequently introduced the developmental model of broaching behaviour, identifying four specific dimensions or domains of broaching for counsellors: intra-counselling dynamics; intra-individual issues (exploration of the clients' multiple social identities, such as race, gender, religion, class, sexual orientation, all of which may affect their presenting issues); intra-racial, ethnic, and cultural issues (within-group issues between the client and those with whom the client shares common ties); and inter-racial, ethnic, and cultural issues (seeking to empower the client to "negotiate cultural differences between her/himself and people from other racial, ethnic, or cultural groups" and wider "socio-political dynamics of racism, discrimination, oppression, and powerlessness" p. 98).

King and Borders (2019) found that the counsellor's initial broaching statement should demonstrate an "awareness of intersectionality by acknowledging multiple identities, recognizing shared identities with the client, and involving the self of the counsellor" (King & Borders, 2019, p. 349). This research highlights how important it is for

counsellors to be attentive to intersectionality – multiple identities of self and wider systemic issues that may be prevalent for the client.

Day-Vines et al. (2007) proposed that clients with low levels of racial identity may be likely to reject the counsellors' racial broaching effort, as they may have "low salience attitudes about race". Yet the research also notes that such clients "may have other identities that assume more significance in their lives such as their religious affiliation or occupational status" (p. 408). Thus clients' reaction to counsellors' (racial) broaching may be a useful diagnostic tool to guide subsequent counselling. For example, clients who respond positively to broaching may be revealing that the issue is particularly salient for them, so the counsellor should continue with the inclusion of this issue within counselling. If the client does not respond well, there may be other, more salient issues that the client wishes to include within counselling. This concurs with research on integrating R/S within counselling: the more salient the R/S of the client, the more they appreciate or expect the counselling to be inclusive of their R/S (Vieten et al., 2013).

Further research with high school students who identified as spiritual and/or Lesbian, Gay, Bisexual and Transgender (LGBT) found that there can be "avoidance of aspects of students' diverse identities", and that students generally wanted counsellors to broach these issues if they were salient for them (Schwarz & Roe, 2015). Schwarz & Roe (2015) combined two independent studies (Roe, 2013; Schwarz, 2014) in which they had noticed similar themes around the dangers of avoidance: Schwarz had observed school counsellors being avoidant of their or students' spirituality, while Roe, counselling LGBT students, found counsellors being avoidant of sexuality issues (Schwarz & Roe, 2015). In spite of unknown methodological parameters in the studies, it is clear that an avoidant approach to broaching these complex issues proved unsatisfying for both students and counsellors.

Broadly speaking, then, it appears that broaching, though complex, can be a highly useful tool within counselling to support salient aspects of clients' identity (whether race, R/S, or sexuality). Research suggests that an attitude of openness (a willingness to initiate and not avoid discussion) from the counsellor builds stronger, more robust alliances,

leading to better outcomes for the client, potentially challenging injustice and promoting social justice. To maximise these benefits, counsellors must be thoughtful about timing – be wary of broaching early, follow the client’s lead, use counsellor intuition and observe non-verbal client communication – and must develop a high level of self-awareness and of the intersectionality of multiple identities at work for both counsellor and client.

Solution-Focused Counselling

The development of S-F counselling follows the arrival of the fourth force in psychotherapy: social constructivism and postmodernism. The premodern era (from the sixth century BC until the Middle Ages) “focused on dualism, idealism and rationalism” (p. 285), while the modern era (from the Renaissance until the 1950s and 1960s) has been described as ‘scientific’ and ‘positivistic’ (Jones-Smith, 2012). Postmodernism, however, focuses on the construction of reality through social interaction, such that Sexton (1997, as cited in Jones-Smith, 2012) labels the present time as a postmodern/constructivist era. Social constructionism is one of the key epistemological developments of this era, and according to Burr (1995) is defined by four recurrent features: a critical stance to assumed knowledge; a constraining of our understanding of the world; a belief that “knowledge is sustained by social processes”(p. 4; social interaction and language are seen as being of great importance, and meaning is mutually constructed between people); and knowledge and social action are symbiotic (such that social constructions are seen to lead to varied patterns of social action).

The S-F approach was developed primarily by Insoo Kim Berg and Steve de Shazer in the early 1980s through the work of the Mental Research Institute in Palo Alto, California. They were heavily influenced by Erickson, the philosophy of Wittgenstein, social constructionism, and, to a lesser extent, Buddhism (De Shazer et al., 2007). Berg and de Shazer developed a pragmatic, inductive, research-based approach of analysing what worked in therapy (De Shazer et al., 2007; Visser, 2013).

The S-F approach to counselling has at its core what Kuhn describes as a paradigm shift which challenges mainstream psychotherapies problem-centred approach (Kuhn, 1962; as cited in De Shazer et al., 2007; Hanton, 2011) and instead focuses on solution building

with the client (De Jong & Berg, 2013). From its roots in social constructionism, this approach sees co-collaboration and language as key to the development of meaning. The S-F approach is explained as a

collaborative, language-based approach to counselling which is part of a generation of approaches to change-work based on the epistemology of social constructionism and premised on the philosophical position that the therapist is not an omniscient expert but a facilitator to the client seeking change (Walsh, 2010, p.27)

Microanalytical studies of communication show that S-F therapists use questions and summaries that are “primarily positive in re-shaping clients’ language” (Tomori & Bavelas, 2007, p. 41), highlight strengths, and assume client competency (De Jong & Berg, 2013). This is in contrast to person-centred therapists that are primarily negative (Tomori & Bavelas, 2007).

A key feature of the S-F approach is the development of clear pictures of the client’s preferred future (solution), co-constructed between therapist and client (Walter & Peller, 1996) through a “mutual back-and-forth talk with ideas emerging from the conversation” rather than from meta-theories (Nelson, 2019, p. 61). This incorporation of a future focus seeks to privilege the client’s view of what is important and what they hope to achieve from therapy. This is a collaborative approach (Nelson, 2019) in which the client’s frame of reference is both “respected and expanded in a co-operative conversation dedicated to client-shaped solutions” (De Jong & Berg, 2013, p. 265).

Within S-F counselling, the therapist and client work together to “become detectives of strengths and solutions rather than detectives of problems and pathology” (Sharry, 2004, p. 23), and to identify strengths, skills, resources, and instances in which clients successfully cope with difficulties (Hanton, 2011). The therapist leads the client “from one step behind” (Cantwell & Holmes, 1994; as cited in Nelson, 2019, p. 17), guiding the collaborative conversations with a stance of curiosity, “not knowing” the solution (De Jong & Berg, 2013). The client is regarded as the expert on themselves, their view of change (what will work for them; Duncan, Miller, & Sparks, 2004), and their preferred future, while the therapist is regarded as the expert on S-F conversations (Nelson, 2019).

S-F Techniques

De Jong and Berg (2013, p. 57) discuss “listen, select and build” as a key S-F skill. The counsellor *listens* carefully, scanning a conversation for “hints of solution-focused possibility”, *selects* the most useful possibilities to move in a S-F direction, and *builds* a question or paraphrase “that invites the client to build in a solution-focused direction”, utilising the client’s own words to provide these hints of possibility (De Jong & Berg, 2013, p. 57). ‘Listen, select and build’ thus meets two key S-F objectives: it sees the counsellor leading from ‘one step behind’ and adopting a ‘not-knowing’ stance; and it builds toward solutions that are within the client’s frames of reference (De Jong & Berg, 2013; Froerer & Connie, 2016).

Other common therapeutic techniques or practices that form part of a S-F approach include:

- Scaling questions (where the client rates various items on a themed scale, usually from 1 to 10)
- Leading clients to describe examples of success
- Building detailed descriptions of the client’s preferred future (solution-building)
- Using the ‘miracle question’ (a future-oriented vision, in which the client imagines in detail a future time when the problem is absent)
- Forming questions from co-collaboration with the client, leading to solution talk (Froerer & Connie, 2016)
- Relational questions that highlight significant others’ perspectives on solutions or resources
- Compliments that highlight client progress
- Suppositional questions that suggest progress and enhance agency
- Amplifying of client success or skills
- Using “what else?” questions that encourage elaboration on progress or details of the future.

Later assumptions developed within S-F therapy include: if it isn't broken, don't fix it; if it works, do more of it; and if it's not working, try something different. The S-F approach is designed to be brief, taking the view that each session may be the last (Guterman, 2014).

S-F Counselling and the Therapeutic Alliance

Within counselling, developing a strong therapeutic alliance is identified as being the most significant factor that counsellors contribute towards positive change (Lambert & Barley, 2001; Norcross & Wampold, 2018). The development of a warm, future-focused, positive, empathic therapeutic alliance is particularly important within a S-F approach (Lipchik, 2017; Turnell & Lipchik, 1999), though it seems some S-F therapists suggest a stance of neutrality, a disposition that “leaves no footprint in our client's lives” (Berg, as cited in Shennan & Iveson, 2008, p. 289).

From the early 2000s, the inclusion of a client-directed, outcome-informed assessment has been seen to fit with SFBT, and as one way of privileging both the clients' assessment of change and the therapeutic alliance (Gillaspy & Murphy, 2012). The Partners for Change Outcome Management System (PCOMS) uses both the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS), and is an ultra-brief assessment approach, able to be administered in only a few minutes (Duncan, Miller, & Sparks, 2004). There is strong evidence that these measures can improve treatment outcomes if used therapeutically in conversation with clients (Cooper, 2008; Gillaspy & Murphy, 2012; Sparks & Duncan, 2018). Research also shows that early alliance measures from the third to the fifth sessions are a “significant predictor of final treatment outcome” (Bachelor & Horvath, 1999, p. 139), where the early establishment of a positive alliance – together with the therapist being willing to work through any difficulties – is a vital component of a good outcome for clients. As Bachelor (2013) notes: “therapists should ensure that goals and therapeutic tasks are discussed together and mutually determined, and remain vigilant for signs of tension in the relationship that could reflect a perceived lack of shared views, adjusting their responses accordingly” (p. 133).

Bachelor and Horvath (1999) have shown that counsellors tend to rate the therapeutic alliance more highly than the client does. Therefore, providing a culture of client feedback on change allows the alliance to be strengthened.

Potential Limitations of S-F Counselling

There is considerable discussion as to whether SFBT adequately values clients' wider cultural experiences or religious beliefs. According to de Jong, et al. (2008), the co-creation of meaning within the therapeutic alliance *does* take into account the client's wider context or community, which may include ethnic, religious, and family factors. De Jong and Berg (2013) regard the development of diversity-competent practice as incomplete (due to the non-homogeneity of clients within a particular cultural group) and more relevant to the problem-solving paradigm than the S-F approach, where a 'not knowing' approach (with the therapist leading from one step behind) is seen to be sufficient to fulfil this inclusiveness mandate (De Jong & Berg, 2013, pp. 264-265).

Yet Bidwell (1999) suggests the S-F approach has limitations in addressing clients' contextual and societal issues. Likewise, Sharry (2004) notes critics who highlight SFBT's ineffectiveness in addressing social inequalities or forces that limit the client's freedom and ability to achieve the desired solutions. Sharry, however, also suggests that this is an "oversimplified view" (p. 46), as therapists aren't problem-phobic; they generally take seriously clients' challenging situations and adopt a pragmatic approach that is the "most effective time-sensitive way to help clients" (Sharry, 2004, p. 46).

Nonetheless, Thomas (2007) notes that the development of the 'not knowing' stance (introduced 10 years after S-F's origins) is seen as a more risky approach than other techniques that may be more effective in sensitizing therapists to the cultural beliefs and experiences of clients, or in helping therapists to become aware of their personal prejudices.

Evidence Base for S-F Counselling

Despite its possible limitations, research has established an increasingly strong basis for applying a S-F approach to a range of issues and clients (Franklin et al., 2017; Gingerich & Eisengart, 2000; Gingerich & Peterson, 2013; Kim, 2008; Kim et al., 2019). For example, in

his meta-analysis on the effectiveness of SFBT, Kim (2008) demonstrated that SFBT has “small but positive treatment effects” (p. 113), and that it appears most effective in situations involving “internalizing behaviour problems such as depression, anxiety, self-concept and self-esteem” (p. 113). Similarly, Gingerich and Peterson (2013) identified 43 suitable outcome studies in which 74% of people reported a significant positive benefit from SFBT. Kim, et al. (2019) gathered the results from eight meta-analyses that demonstrated the increasing evidence base for SFBT’s effectiveness in treating “internalizing symptoms, behaviour problems, and social and interpersonal difficulties” (p. 135).

McKeel’s (1996) narrative review of process studies in SFBT identified that a sense of collaboration with the therapist is linked to session effectiveness, continuation in treatment, and positive therapeutic outcomes. His later review (McKeel, 2012; as cited in Franklin, et al., 2017) looked at outcomes achieved using specific SFBT techniques, finding that various therapeutic techniques (such as presuppositional questions, developing hope, and positive expectations) led to “increased positive results in client goals” (p.17). He also found that the use of scaling and the ‘miracle question’ showed positive outcomes in therapy.

Franklin, et al. (2017) provide a meta-summary of 33 studies on the significance of the co-construction process and the techniques of SFBT, finding positive support for both strength-resource-oriented SFBT techniques and language-based co-construction – which, they said, may be “co-functioning in the change processes of SFBT” (p. 25). This review also showed that SFBT uses purposeful language in order to co-construct meaning and solution-build with the client (Franklin et al., 2017).

SFBT and R/S Integration

Alongside this strengthening evidence base for SFBT, Guterman (2013) argues that there is freedom for a strategically eclectic, integrated S-F approach. Others have also proposed integration of a S-F approach with a Christian worldview (Kollar, 1997; Thomas & Cockburn, 1998), with ritual therapy (Crockett & Prosek, 2013), with family therapy (Nelson, 2019), and with multicultural, LGBT and R/S perspectives (Kim, 2014).

Guterman and Leite (2006) propose that a “strategic approach to eclecticism can be used effectively in solution-focused counselling with religious and spiritual clients when another counselling model, a self-help system, or recovery program fits with clients’ worldviews” (p. 45). They also suggest that there is room for S-F counsellors to integrate diverse theories and techniques (such as logotherapy, bibliotherapy, or Rational Recovery – a secular alternative to Alcoholics Anonymous) that have been identified as fitting within the client’s R/S worldview (based on client direction, and a collaborative rather than educative alliance with the client, Guterman & Leite, 2006). Their model does not assume that all clients have R/S concerns. Rather, counsellors are to gain and utilise a thorough understanding of the client’s worldview to ensure a congruent match of content and worldview, though it is not specified how this is achieved.

In line with the work of Captari et al. (2018) and Magaldi-Dopman (2009), Guterman and Leite (2006, p. 49) suggest that therapists would do well to “consider religion or spirituality as a lens to be used across cases within a S-F approach”. Kelly and Maynard (2014) use this lens as they discuss two case studies, which show that S-F therapeutic techniques (such as the ‘miracle question’ and scaling) can be “successfully adapted” (p. 203) to work with R/S clients. While there were no outcome measures used to privilege the clients’ view of ‘success’, there was an openness to clients incorporating elements of their faith that were important to them.

Kollar (1997, 2011) sought to construct an integrated religious and SFBT framework, developing his approach primarily for Christians and/or a pastoral care (church-based) setting. The approach followed the general SFBT, non-problem-centred paradigm that seeks to identify a client’s strengths, skills and abilities, co-constructing a preferred future along with the inclusion of other relationships. But Kollar’s study highlighted several key differences with the typical SFBT, mostly relating to the framework’s Christian perspective: client agency (where the Christian God is given agency along with the client); a three-way co-construction of solutions (between God, the client, and the counsellor); the understanding of God’s work in the client’s life (where appropriate); and the inclusion of wider relationships (such as the church) as exceptions to the problem.

Integrated SFBT and R/S Research

Beyond the limited examples already cited, I was unable to find any research that specifically explores the processes of integrating client R/S and SFBT. There are opinion pieces that suggest S-F counselling is appropriate for east Asian-American Confucian clients (Cheung & Jahn, 2017) and African-American Christian clients (Kacela, 2003), and S-F counselling is described as a “culturally appropriate alternative” therapeutic approach for Muslim-American clients (Chaudhry & Li, 2011) compared to Cognitive Behavioural Therapy. However, further process and outcome research needs to be conducted on the usefulness and meaningfulness for clients of integrated R/S S-F approaches.

Perhaps the only accessible study integrating spirituality with SFBT has been Pan, et al.’s 2015 study with bereaved Taiwanese Christian clients (Pan et al., 2015). This qualitative, practice-based research study, using Kollar’s S-F pastoral counselling approach (discussed in the previous section) showed that spiritual integration was beneficial for clients. More specifically, the study found that a S-F approach “was useful and effective, focused on taking actions ... [that] led to the bereaved client’s empowerment” (p. 142). Such an approach produced positive R/S changes, where clients experienced spiritual growth around connection with the deceased, a sense of God’s timing, being reconnecting with God, relief from rigid outlooks and beliefs, and ability to utilise spiritual resources.

Yet wider contextual and cultural issues that may adversely affect this study have been noted (for example, discussions of death and dying are forbidden year-round in China, Taiwan and Hong Kong; Hsu, Kahn, Yee, & Lee, 2004, as cited in Pan, et. al., 2015). Overall, the study showed that integrating SFBT and Kollar’s (2011) research resulted in a process that helped with decision-making in this transitional period and developed empowerment in the bereaved client (Pan et al., 2015).

This study commends the importance of counsellors building a “reliable and constructive working alliance” (p. 145), of considering clients’ religious identity, and of increasing self-awareness, reflection, and multicultural awareness (as also suggested by Magaldi-Dopman et al., 2011). It supports the usefulness of an integrated approach suited to client beliefs.

While Bidwell (2013) has stated that SFBT is limited in addressing contextual and societal issues, the use of Kollar's Christian-integrated SFBT model in this study helped clients feel empowerment in the face of strong societal influences. Therefore, there is at least one practice-based outcome study which found that an integrated R/S approach suited client beliefs, was beneficial to these grieving clients, and proved beneficial in addressing contextual and societal issues.

Rationale for Research

As we have now seen, research has shown that there are significant benefits of including clients' R/S beliefs in a counselling setting. Smith et al. (2007) calls for qualitative process research in psychotherapy that is inclusive of R/S approaches. Yet there has been no research conducted on the processes or outcomes of broaching and integrating client R/S with a S-F approach within New Zealand. Indeed, it seems that only one Christian-integrated S-F counselling outcome study has been conducted.

My research will seek to contribute to this sparse knowledge base through a practice-based counselling project that seeks to answer my research question: *How do I broach and integrate a R/S orientation within a S-F counselling practice?*

My hope is that this practice-based research may stimulate other counsellors to consider the potential benefits to clients of a willingness to adopt a spiritually integrated, solution-focused approach. It may also offer increased confidence to clients and counsellors as they consider bringing their sacred spiritual beliefs and practices into a safe and inclusive counselling setting.

Chapter Three – Methodology and Methods

This research sought to explore broaching and integrating a R/S orientation within my counselling practice. For me, reflection has been a vital part of my research – both a reflexive awareness of how this research may be influencing the therapeutic alliance and the client, and the impact of this research on *my* work with participants and my ongoing counselling practice.

Qualitative Research Methodology

A *qualitative* research methodology seemed the best broad approach for this research, as it explores both the meaning and processes of broaching and integrating R/S, and highlights the active, subjective role of the researcher (Bager-Charleson, 2014; Denzin & Lincoln, 2011). This is in contrast to *quantitative* methodology, which is concerned with the underlying facts of research – facts which are repeatable and which may be generalised to the population (Taylor et al., 2016). This project values the critically reflective role of the counsellor-researcher, making a qualitative method highly suitable (Bager-Charleson, 2014).

Qualitative research is an inductive approach that seeks to work within a participant's frame of reference as they experience reality, where the researcher seeks to view things as if seeing them for the first time in a naturalistic setting (Taylor et al., 2016). This method seeks to inductively discern concepts, understandings, and insight from patterns in the data (Taylor et al., 2016). These aspects of qualitative research were important to my research, as it required a method that worked *within* the clients' frame of reference – seeing each individual as the expert on his or her own life – while also valuing the counsellor-researcher's viewpoint.

This method is a descriptive approach that adapts flexibly over time with ongoing data collection and analysis (Taylor et al., 2016). It allowed me to re-shape my questions and introduce alternate methods of analysis throughout my research. This qualitative approach values rigour, trustworthiness, credibility, transferability, and dependability rather than validity and reliability (Liamputtong, 2013). Similarly confirmability is prized, where

research is linked to the data rather than objectivity or neutrality as in quantitative research (Liamputtong, 2013).

A qualitative methodology (rather than a mixed methods approach) was important, even though I used scales (client-informed outcome rating scales, as well as a R/S well-being scale) as a data source. As the research was conducted from a social constructionist epistemological framework, the use of scales provided a collaborative, subjective, socially-constructed, interpretive data source (Shennan & Iveson, 2008) – not an externally arbitrated, objective numerical construct. Thus a qualitative method proved best for allowing the counsellor and client to explore the client's responses to the scales and the meaning of that response.

Social Constructionism

As discussed, my research used a qualitative methodology and a social constructionist ontology and epistemology, exploring how I broached and integrated R/S with clients. I used critical reflection – with microanalysis for counselling sessions with one client-participant, and thematic analysis for counsellor reflections. As such, I utilised this combination of research methods and case-study methodology to conduct my exploration in a practice-based counselling research setting.

The research utilised an integrated theory of counselling, S-F (Solution-Focused) with a religious-constructivist orientation (Pargament, 1997). This approach is inclusive of client-participants' spirituality, and uses a client-centred, client-led approach, privileging *their* view of spirituality (Pargament, 1997).

Burr (1995) suggests that social constructionism is defined by four recurrent features:

- A critical stance toward assumed knowledge that challenges conventional knowledge and assumptions;
- A constraining of our understanding of the world in culturally and historically specific and relative ways, such that knowledge is seen to be an artefact of a subjective cultural understanding;

- A belief that “knowledge is sustained by social processes” (p. 4) where social interaction and language are of great importance, and where meaning is mutually constructed between people;
- Knowledge and social action are seen as symbiotic, such that social constructions are seen to lead to varied patterns of social action.

As Hyett et al. (2014, para. 7) note, “an interpretive or social constructivist approach to qualitative case study research supports a transactional method of inquiry, where the researcher has a personal interaction with the case”. This social constructionist approach was suitable for my research due to the subjective, cultural, and historical nature of client and counsellor R/S beliefs.

A social constructionist approach also highlights the development of subjective meanings attached to participants’ experiences, which are then “negotiated socially and historically” to develop a pattern of meaning (Creswell, 2013, p. 25). Dialogue with the client led to shared socially constructed meanings, which is consistent with a S-F approach (De Jong & Berg, 2013; De Shazer et al., 2007).

This social constructionist theoretical approach also underpins my counselling framework (De Jong & Berg, 2013; Walsh, 2010), making it the best and most appropriate method for this research.

Case Study Methodology in a Practice-Based Counselling Setting

Practitioners have used case study research since the earliest days of counselling research as a way of obtaining rich data from clients to improve their practice (Creswell, 2007). I used case studies to explore multiple bounded systems (cases) over time, collecting detailed, in-depth data from multiple sources (Creswell, 2007). The case study unit was the client-participant and myself as counsellor-researcher. Stake (1995) notes both the usefulness of selecting a case that maximises our learning and the value of interpretation for understanding the conclusions drawn from observations.

My initial proposal was to have 3-4 cases with at least 2-3 sessions within each case, and I then planned to perform within and cross-case analysis of the data. During data

analysis, I found that this plan needed to be reshaped to a single case study using within-case analysis. The reasons for this change are outlined below ('Case Selection').

The overriding aim for practice-based research is for the practitioner to "effect change with their client ... regardless of [the practitioner's] orientation ... organisation or context within which they work" (Barkham, 2010; as cited in Bager-Charleson, 2014, p. 45). So it was vital to focus on the client's well-being at all times, regardless of whether it met my 'research' hopes and dreams.

Practice-based research also tends to reflect everyday clinical practice, with a real-world context involving the time and place where the research was conducted and the interplay of a subjective researcher (Bager-Charleson, 2014). Practice-based research is also naturalistic, providing rich real-life data – though it can be regarded as "relatively poorly controlled and generally 'messy'" (Robson, 2002, as cited in Bager-Charleson, 2014, p. 48). Further limitations to practice-based research may include the therapist's lack of research expertise, small sample sizes, researcher allegiance to the client, and clients wanting to 'perform well' for their counsellor-researcher (Shennan & Iveson, 2008).

Countering these limitations can be difficult; inexperience is only transformed by experience. While I hoped thorough academic preparation would prepare me, I found the process messy, and mistakes abounded for this first-time researcher! Yet I discovered that personal research helped increase my reflexivity and my awareness of language, power, bias, R/S and developing my broaching skills. Though small sample sizes are highlighted as a limitation, they are necessitated by my aim of using qualitative research to produce in-depth, rich, and complex data. Countering researcher allegiance may be harder to offset, as a strong therapeutic alliance implies a strong connection, though I found reflexivity was useful in guarding against the pitfalls.

Despite these issues, this methodology is highly suitable to my research as it seeks to gather relevant data that is co-constructed and analysed in a language-rich way, while also allowing me to work reflexively with client-participants in real-time for *their* benefit.

My intent for this research was not to produce a comprehensive approach or theory to integrate spirituality in counselling (if that were the case, grounded theory methodology

would have been more suitable), but to provide an instrumental case study (Stake, 1995). This case study would seek to give insight into the effect (both on the client and myself as the counsellor-researcher) and processes involved with broaching R/S, and the subsequent integration of R/S with my developing S-F counselling practice. It was also my hope to potentially help counsellors co-construct ways to work sensitively to integrate clients' spirituality with S-F.

Methods and Research Design

Research Setting

The contextual setting for this research is a community-based, non-profit counselling agency overseen by a religious trust board (which remains non-specified for confidentiality reasons), within Christchurch, New Zealand. Clients are diverse racially and socio-economically, as well as diverse with regard to their presenting issues. Presently, no 'spirituality' data is collected on clients, nor is there specialising of integrating R/S counselling within the practice. Clients are either self-referred or referred by doctors, mental health services, defence forces, or employers. This research was conducted while I was working as a counsellor at this agency, and completing my Master of Counselling internship.

My Integrated R/S S-F Model of Practice

As stated earlier, I counsel clients using primarily a S-F framework, where I am more interested in co-constructing detailed dialogue with clients regarding their preferred future (solution-building) in the counselling room, rather than defining client problems or beliefs as pathological. I did not seek to integrate my personal Christian Protestant positivist R/S worldview, but I sought to counsel clients with awareness, openness, and spiritual humility (not arrogance) that was curious about their R/S worldviews and beliefs and about their preferences as to whether to include these within counselling.

Research suggests the importance of discerning each client's unique R/S beliefs as part of competent counselling (Aten et al., 2012; Cashwell & Scott Young, 2011). Yet

approaching counselling from a social constructionist epistemological framework, I did not see the need to understand the nuances of a client's personal R/S beliefs (unless they wanted me to understand these beliefs for their therapeutic benefit) – though I was concerned that clients see my willingness to privilege their R/S within counselling (Pargament, 2007).

The role of the counsellor within a S-F model is collaborative, working towards solution-building through co-construction of language with the client (De Jong & Berg, 2013; De Shazer et al., 2007; Froerer & Connie, 2016; Nelson, 2019). The client is regarded as the expert on themselves and on the changes they prefer in their future, while the counsellor is the expert on the therapeutic process, leading from 'one step-behind' with a stance of curiosity while highlighting strengths, resources (including R/S), skills, and instances of success that the client is detailing (Bavelas et al., 2013; Froerer & Connie, 2016; Shennan & Iveson, 2012). In my practice, I also seek to develop a strong therapeutic alliance through client-informed feedback (PCOMS), as this has been shown to be therapeutically beneficial to clients in therapy (Bachelor & Horvath, 1999; Horvath, 2018).

The NZAC Code of Ethics (New Zealand Association of Counsellors, 2016) requires me as a counsellor-researcher to work with care and respect for individual differences and diversity, and not discriminate against clients' personal spiritual beliefs and values. Within my research, I incorporated these principles of respect and care, to understand what was meaningful to the client and significant to their wider community, while being non-harmful and non-discriminatory. It is key for both my ongoing practice and research to ensure that I reflect genuine acceptance and a willingness to include and/ or integrate a client's R/S beliefs in my counselling practice, regardless of whether their beliefs are strongly or lightly held, similar to my own beliefs or not. I recognised that only clients who were actively engaged in practices that I regarded as polar opposite to my positivist Christian beliefs (e.g. practising Satanists) may prove to be out of my "zone of toleration" (Worthington et al., 2009, p. 271), requiring me to refer them to another counsellor. (In Chapter Five, I discuss my findings regarding the challenge of working with clients with contrasting R/S beliefs.)

To develop my integrated R/S S-F counselling practice prior to the counselling component of my research, I proposed a personal exploration of the competencies developed by ASERVIC (Robertson & Young, 2011). I read and considered reflexively Cashwell and Scott Young's (2011) book, *Integrating Spirituality and Religion into Counseling: A guide to competent practice*. This book explores four domains in which I sought to develop competency for integrating R/S within my counselling practice: knowledge of R/S; an awareness of my own spiritual perspective; understanding clients' R/S perspectives; and how to include R/S and S-F techniques. My reflections included written reflections from reading and from answering summary questions included in this book, clinical supervision, cultural supervision, spiritual mentoring, and spiritual and placement peer-group supervision sessions. These reflective memos were included as a data source (Chapter Five outlines key themes from this data source).

Yet this self-developed plan – which I had hoped would expand my competencies in integrating R/S – did not expand my horizons or skills as I hoped. On reflection, it is likely that my previous theological studies and chaplaincy background provided a similar foundation to this exploratory work. My learning about integrating R/S was most stimulated by Aten et al. (2012), *The psychology of religion and spirituality for clinicians: Using research in your practice*, as well as Pargament (2007). Aten et al. (2012), with their research-based approach to R/S integration (though coming from a psychological, problem-based assessment paradigm), shed considerable light on helpful research-based approaches and strategies for integrating R/S with clients. The development of my salience questions was inspired by Desrosiers (2012) and Pargament (2007).

Research on broaching for my literature review also led me to write reflective memos and consider reflexively my skill on the broaching continuum (Bayne & Branco, 2018; Day-Vines et al., 2018; Day-Vines et al., 2013) on a range of issues, such as race and culture, spirituality, sexuality and gender, and ability and disability. This seemed immensely beneficial firstly to my research, and subsequently to my counselling practice, as will be seen in Chapter Five. Considerations that became salient to me were the importance of timing

broaching, maintaining (not rupturing) the therapeutic alliance, counsellor self-awareness on the issues to broach, and considerations of language regarding broaching.

My integrated model of practice incorporated common S-F assumptions and techniques (such as being client-led, using listen-select-build, scaling, noting instances of success, coping questions, relationship questions, compliments, detailing the client's preferred future/solution-building, and amplifying the resources and skills of the client) as well as developing skills in broaching and integrating the client's R/S within the counselling.

Participant Recruitment

Agency management were provided with a copy of my thesis proposal, the letter of approval from the University Human Ethics Committee, and the organisation information letter and informed consent forms (see Appendices A, B and C). Agency management gave informed consent. Participants for the research were randomly selected from the counselling agency waiting list, based on times suitable for the client and the availability of a counselling room. Clients were aged 18 years or older to ensure their ability to give fully informed consent. Ethically, I chose to be inclusive of all clients and their R/S, whether spiritual or secular, unless I identified that they were out of my "zone of toleration" (Worthington et al., 2009, p. 271). Within the research, participants' R/S beliefs were not at variance with my zone of toleration, so there was no exclusion of participants.

To ensure fully informed, non-coercive consent within the research, the agency social worker contacted potential participants by phone, firstly to confirm a suitable counselling appointment time. At this point they were informed that I was conducting optional research that involved audio-recording 2-3 'normal' counselling sessions. Clients were asked if they would consider being a part of the research in a non-coercive manner. If they replied yes (which they all did), they were sent the participant information letter and informed consent form (Appendix D and E), and the letter of approval from the University Human Ethics Committee (Appendix A). The information letter included the purpose and non-coercive nature of the research, assurance of the public availability of the finished research, the

nature of my role as a beginner researcher, possible benefits and potential consequences for the participants of therapeutic change (Birch & Miller, 2000), and the participant's ability to withdraw from the research up until the data analysis started. Potential participants were also informed that if they chose to withdraw from the research at any point, counselling would continue and there would be no change to the counselling service the client received, nor would there be verbal reference to their change of mind or non-interest in the research. No participants withdrew from the research.

Potential participants were also informed that I would contact them prior to the first session to discuss any questions or concerns, and to seek their signature showing their informed consent. I then followed up with the potential participant (either in person or via phone), discussing the process of informed consent and obtained signed consent prior to the start of the research counselling sessions.

Participants

I recruited a small sample size of four participants and recorded three counselling sessions with each; eleven of these sessions took place over a one-month period. Ideally, participants would have included a broad cross-section of people with varied beliefs, genders, and ages, but the small sample size was most suitable for this qualitative project.

It is my assumption that individuals are incredibly diverse, with unique personal beliefs like a fingerprint. This proved to be the case within my research. Moreover, despite some similarities, there was significant diversity within the group, as seen in Table 1: a range of racial backgrounds and R/S beliefs; three males and one female; two 'sets' of participants paired within similar age ranges: a 19- and 21-year-old, and a 32- and 34-year-old.

Table 1*Participants' Characteristics*

Participants- pseudonym chosen by participants	Participants' Characteristics			
	Age	Gender	Racial background	R/S beliefs
Kauri	19 years	Female	Māori	atheist spiritually searching
Dark Knight	32 years	Male	NZ European	Pantheistic spirituality
Jack	21 years	Male	NZ European	'not religious', spiritual and searching for religion
Toa	34 years	Male	Pacific Islander	Christian background- 'not practising'

My flexible research methodology meant that if, during the course of my data collection, I found that participants did not want to integrate spirituality within counselling, I could modify my sampling technique (Taylor et al., 2016), possibly recruiting more participants or using negative cases as a rich source of data. In fact, there was no need to recruit more participants as I obtained such rich and complex data from all four participants that I needed to alter my data analysis.

Case Selection

In my initial research proposal, I indicated that I planned to analyse all four recruited participants. But following my first sweep of analysis (which examined the entire data set), I identified that the 11 counselling sessions simply provided too much data. In retrospect, my initial research questions were too broad and too numerous. After my first detailed sweep using thematic analysis with all four participants, and after consultation with my supervisors, I narrowed my research question to focus on broaching and integration of R/S. I also changed the method of analysis from thematic to microanalysis of the counselling

sessions with just two participants, though I continued with thematic analysis of the counsellor reflections.

I chose to examine the data using purposive sampling, analysing data from Dark Knight and Kauri for the second sweep of analysis. Both these cases demonstrated 'typical' cases (McLeod, 2010) using 'normal' solution-focused counselling. These participants were chosen for the richness of their data, and they both had positive outcomes from counselling as well as noteworthy sessions that led to unexpected client and counsellor responses regarding broaching and integration of R/S. I also found R/S integration more challenging with both of these participants, so it seemed there may be richer counsellor data in analysis of these potentially instrumental cases (Stake, 1995).

Due to the subsequent in-depth nature of microanalysis, along with the limited parameters of my 90-point Master's project, I decided to only include microanalysis from one counselling participant in my findings. Understandably, my counsellor memos and work with this participant were informed by both my counselling and the first sweep of analysis with the other participants.

In their critical review of case studies, Hyett et al. (2014) state the importance of specifying case selection. I chose Kauri as the sole research participant in the findings for the above reasons, but also because her indigenous Māori background had provoked a surprising response and a dilemma for me in broaching spirituality with her. I chose her as the potentially most interesting and hopefully instrumental case study. Case study details from the participant and an overview of her research counselling sessions are included in Chapter Four.

Data Sources

Multiple forms of data were collected to increase the opportunity for interpretation of the research (Stake, 1995). I used triangulation, with multiple sources and member-checking in my data collection as key factors to increase the credibility of the study and the rigour in qualitative methods (Creswell, 2013; Liamputtong, 2013; Stake, 1995). Data

included twelve audio-recorded and eleven transcribed counselling sessions with four participants, counsellor-researcher reflective memos, and participants' outcome measures.

The *first data source* was client-participants' counselling sessions and whiteboard co-constructions. Counselling sessions were audio recorded with digital equipment, and whiteboard co-constructions were digitally photographed, serving as visual reminders to supplement the audio files. For example, the whiteboard photograph of Kauri from session 2 (see Appendix I) shows the written words of success statements that amplified her success: "Good job. Yay – I did that! I can do this again! You can do it!" Entire portions of the session relating to broaching or discussion including R/S concepts or themes were transcribed (see 'Data immersion' for further discussion of the transcription process).

Another data source was participants' completed outcome measures. Measures such as PCOMS (partners for change outcome management systems) are widely used, both internationally and within New Zealand (Manthei, 2015). The ORS and the SRS "tracks both outcome *and* process, thereby taking advantage of the two known predictors of outcome" (Duncan, Miller, & Sparks, 2004, p. 91), and are seen to be client-directed, outcome-informed tools (Drury, 2007b). The research base for these measures are noted in my literature review.

All participants completed the outcome rating scale (ORS; Duncan (2012); Duncan, Miller and Sparks (2004)) and my constructed R/S well-being scale towards the beginning of each counselling session (see Appendix F), as well as the session rating scale (SRS) and an assessment of the helpfulness of the R/S scale at the end of each session (see Appendix G). The ORS asks clients to rate themselves in four areas on a scale from 0-10 (measured in centimetres; where the left-hand side represents a low score; the right-hand side is a high score). The four areas are: individually (personal well-being); interpersonally (family, close relationships); socially (work, friendships); and overall (general sense of well-being). The SRS was given towards the end of the counselling session as a way to ensure "routine conversation with clients about the alliance" (Duncan, Miller, Sparks, et al., 2004, p. 90). The SRS asks the client to rate the therapeutic alliance in four areas: whether they felt listened to; whether the counsellor discussed topics salient to them; did the counsellor's approach fit them; and what they thought about the session as a whole. These qualitative tools were used

co-constructively with the clients to discuss their preferred future and to assess ongoing change. Client feedback improved the therapeutic alliance and enabled client-directed therapy (see Table 2 in Chapter Five).

The R/S well-being scale (see Appendix F) was used to broach R/S at the beginning of each session. This self-devised scale was intended to align with the intentions of the ORS scale and asked the client's view of their R/S well-being. At the start of each session, clients placed a mark on the scale (from 0-10) to rate their religious or spiritual well-being (where 10 on the right-hand side of the scale represented very high levels, and 0 on the left-hand side of the scale represented very low levels). After completion of the R/S scale in the first session, I expressed curiosity about their response, which then led to a discussion exploring how important their R/S is to them, whether they would like to change where they rate themselves on the scale, and whether they would like to include their R/S within the counselling. The development of this salience dialogue was influenced by Desrosiers (2012) and Pargament (2007).

At the end of the session, in line with the SRS intention of privileging client assessment, I asked the client to consider the helpfulness of including their R/S well-being within counselling (if appropriate) by placing a mark on a scale (from 0-10, where 0 indicated this was not at all helpful to include in counselling, and 10 indicated this was extremely helpful to include in counselling). This was not a quantitative measure, but rather a qualitative tool used within a S-F approach, to explore the meaning for clients as a "conduit towards conversations in counselling" (L. Pawson, personal communication, September 17, 2019), a co-construction of meaning between the client-participant and counsellor-researcher. We then worked together to co-construct an integrated approach that endeavoured to be meaningful and reflective of the client's goals, and whether to be inclusive (or not) of the client's spirituality within a solution-focused counselling session.

The *final data source* was reflective memos (Bager-Charleson, 2014; Saldaña, 2009), documenting the sessions and allowing for careful consideration throughout all stages of the process – thesis planning, proposal, exploratory development of spiritual competencies, and supervision (clinical, cultural and spiritual) – until the data analysis was completed. This

data source also included post-session counsellor-researcher reflections from the twelve completed research counselling sessions across all four participants.

Rigour and Trustworthiness

Qualitative research methods require rigour or trustworthiness (Bager-Charleson, 2014) rather than the positivist concepts of reliability and validity (Liamputtong, 2013). I applied triangulation, using multiple data sources and member checking in my data collection, thus increasing the credibility of the study and the rigour of my research method (Creswell, 2013; Liamputtong, 2013; Stake, 1995).

I also offered participants the option to member-check through discussing key R/S themes co-constructed in the first sweep of the data analysis, as member checking is one significant way to ensure the credibility of the data analysis (Liamputtong, 2013; Stake, 1995; Taylor et al., 2016). One participant (Dark Knight) said that he “absolutely felt that the themes match” (Reflective Memo, 23/01/20-01). I took this to mean he believed the proposed R/S themes generated in the analysis represented a reasonable understanding of the intent of his meanings and of what transpired in his counselling. I invited participants the chance to conduct member checking of transcribed portions to offer editorial corrections that better represented their beliefs and recollections, so as to increase the credibility of my data (Liamputtong, 2013) – though, for various reasons, no one accepted this offer.

When considering the reciprocity between research-counsellor and client-participant, “the give and take of social interactions” (Harrison et al., 2001, p. 323) is a vital element in obtaining rich, thick data that allows for trustworthiness and credibility for the study (Harrison, MacGibbon & Morton, 2001). In my case, reflective memos were an important tool for ensuring reciprocity with my clients, dealing with issues of power and emotion for me as counsellor-researcher, and processing the layers of communication and meaning before, during and after the sessions.

My research used ongoing critical reflection in my reflective memos through all stages of research, design, data collection and analysis (Hickson, 2016; Mauthner & Doucet, 2003). Throughout the whole process, I used cultural, clinical and spiritual supervision to

explore possible biases or assumptions in my approach to caring for my clients based on their R/S, as well as to bolster my development of self-awareness and reflexivity. This supervision can ameliorate any factors that may affect the client – or indeed my own wellbeing as a researcher – and bias the research (McLeod, 2010). My reflective memos strove towards cultural and spiritual humility.

My critical reflection was influenced by Bager-Charleson (2014) and Schon (1983, as cited in; Dallos & Stedmon, 2009), which focused on three main areas:

- Knowledge, noting assumptions, beliefs and values of the counsellor-researcher;
- Power, considering the relationship between the participant and the researcher, especially in light of the participant's context and their experience of the research;
- Reflexivity, exploring throughout the research process my subjective influence.

These considerations helped me to reflect 'in' practice, 'on' my practice (Schon, 1983, as cited in, Dallos & Stedmon, 2009), and to ponder new opportunities 'for action' (Bager-Charleson, 2014). This proved to be similar to a heuristic approach (Etherington, 2001) and may provide a degree of depth and reflexivity to my future work as a counsellor. Lather (1991, as cited in; Harrison et al., 2001) argues that this attention to reciprocity seeks to "work to empower the researched ... [and] build more useful theory" (p. 323-324). Overall, my attention to issues of power and inequality, of broader contextual issues, and of "emotional data" (Harrison et al., 2001, p. 326) for both myself and the research participants across my research sought to enhance the quality of my scholarship and add rigour to my methodology and analysis (Harrison et al., 2001).

Ethical Considerations

This research was informed by the New Zealand Association of Counselling Code of Ethics (2016) for counselling and research, and was conducted under the guidelines of both the University of Canterbury Human Ethics Policy (UCHEP) and the clinical management in the settings where the research took place. To ensure safety and ethical research and to mitigate any risk or harm to participants, I obtained fully informed consent and provided ongoing confidentiality.

Throughout my research, I acknowledged the principles of partnership, protection, and participation in the Treaty of Waitangi through cultural consultation both within the University and through external Māori supervision. My research sought not to judge, nor to force clients to discuss their spirituality, but rather to be open – spiritually sensitive to and accepting of clients' beliefs, values or practices that they may wish to see integrated into their counselling.

It is crucial within both counselling and practice-based research that there is a primacy given to benefit to the client (beneficence; NZAC Code of Ethics, 2016). It is vital to ensure that there is never coercion, maleficence, harm, or risk to the client (Cornforth, 2011), which is achieved (at least in part) through the process of fully informed consent. As discussed under 'Participant Recruitment' above, I followed a careful process to ensure fully informed and non-coercive consent for all participants, who acknowledged their informed consent by signing the Participant Informed Consent Form (see Appendix E). Participants were also offered the opportunity to receive an electronic copy of a summary of the final research. Provision was made for participants to have the option of referral to another counsellor within my agency if there were issues raised that may have had a follow-on effect from surprising disclosures of traumatic areas (Birch et al., 2000; Etherington, 2006, as cited in Cornforth, 2011).

Another aspect of informed consent was ensuring confidentiality of the true identity of the client with respect to both name (by using client-chosen pseudonyms) and their private world (Liamputtong, 2013), through altering potentially distinguishable details of their (or others') lives. Details of names and personal data were coded and/or redacted from the moment of initial consent to protect the anonymity of the client. Pursuant to the Human Ethics Policy of the University, completed forms, data, and back-ups were kept in a locked cabinet in my home office and/or stored in a password-protected computer accessed only by myself. After the research has been completed, all recordings will be destroyed, and the transcriptions kept for a period of up to two years and then destroyed.

Dual Role of Counsellor-Researcher

During my research, I had the dual role of counsellor-researcher. This dual role was both an opportunity for producing research-based knowledge that could be “highly relevant to practice” (Fleet et al., 2016, p. 39), and also beneficial to participants. It is central to ethical practice in research to ensure that the needs of the client are given priority throughout the counselling research collection (NZAC Code of Ethics, 2016). The aforementioned principle of ‘beneficence’ meant I worked to prioritise the client and the therapeutic alliance, and to ensure that the research took a secondary role (Etherington, 2000). To ensure beneficence and prevent potential fractures in the therapeutic alliance due to research-related issues, I adopted “role fluency” (Fleet et al., 2016, p. 339). For example, if I changed from the counsellor to researcher role to address a particular research issue (Fleet et al., 2016), I might say, “Just a quick thought, talking as the researcher here”, followed later by, “okay, back to counselling now...”. This approach was well (and often humorously received) and provided the clients with clarity and assurance.

In a qualitative methodology, the dual role of counsellor-researcher naturally brings a subjectivity that may lead to a bias in interpretation of meaning. Franklin et al. (2017) suggest client outcome measures may help strengthen a client-led assessment of change that is not biased or influenced by the researcher or by any other biases. Similarly, Cornforth (2011) and Hickson (2016) suggest that subjectivity in interpretation may be countered through critical reflexivity on the part of the counsellor-researcher; this was my aim through my reflective memos. Hickson (2016) also proposes that critical reflection can be an effective companion for various research methods, deconstructing ideas and exploring factors that affect how people look for alternative perspectives and attribute meaning (Fook & Askeland, 2006).

Treaty of Waitangi Acknowledgement

Acknowledgement of the principles of partnership, protection, and participation of the Treaty of Waitangi was included at many points throughout my research. I sought a “spirit of partnership” (NZ Royal Commission on Social Policy, 1988) by undertaking

indigenous consultation, seeking permission and subsequent guidance throughout the planning and writing of my project. This took place through consultation with internal Māori advisors through the University, as well as external cultural supervision from two experienced indigenous Māori practitioners in numerous sessions. As detailed in my subsequent reflective memos, this supervision provided significant learning and left me with several important considerations about my cultural limitations as a non-Māori (Pākehā) counsellor.

Crocket et al. (2011) note the importance of this identification as Pākehā, as “a first step towards partnership relationships ... (to) consider both the colonial history and my contribution to addressing its consequences” (p. 24). In my findings in Chapter Five, I explore some of the difficulties I experienced being an older ‘white’ woman striving for cultural humility, working with this young Māori participant, as well as my personal journey of reconciliation. During my literature review and research, I also sought a spirit of partnership through my acknowledgment of Māori views of wellbeing within the broader New Zealand context.

My research adhered to Te Tiriti o Waitangi, upholding the principles of protection, participation, and partnership with Māori. As mentioned, my cultural supervision helped me to be inclusive of and to provide safety for my Māori participant. As the eminent Judge Durie said in his 1989 Waitangi Day address, “if Māori are the tangata whenua, the original people, then Pakehā are the tangata tiriti, those who belong to the land by right of the Treaty” (CCANZ, 1990, as cited in Drury, 2007b, p. 9). Drury argues that “as a Bill of Rights for both Māori and Pākehā, the Treaty places obligations upon both parties to form a partnership that benefits the community” (p. 9). It is my hope that this research, by being inclusive of client spirituality within counselling and research, helps to build such a partnership with our wider community.

Data Analysis

An interpretive approach is also a highly suitable research method of data analysis for this project, as it allows for an interpretation of the research that seeks to understand the

meanings of the participants (Hyett et al., 2014; Taylor et al., 2016). This interpretive approach dovetails well with my social constructionist approach, as it was essential for me to grasp the various possible meanings of our co-construction in the analysis.

I also used two methods of data analysis: microanalysis for the counselling sessions, an effective technique for analysing interactions between counsellor and client (Bavelas et al., 2013; Choi, 2019; De Jong et al., 2013; Korman et al., 2013; Tomori & Bavelas, 2007); and thematic analysis to examine my counsellor reflections (Braun & Clarke, 2006; Clarke & Braun, 2018). As previously stated, I used critical reflexivity as a tool to increase my awareness of my assumptions and of the subjective role I was assuming within the research process (Braun & Clarke, 2019).

Data Immersion

The first stage of analysis was immersion in the data. All four participants responded to broaching of R/S with the R/S well-being scale, allowing for integration of R/S at various points within their counselling sessions. I transcribed entire portions of any session that related to broaching or discussion of R/S concepts or themes. This ensured both a state of ethical mindfulness and immersion in the data, which is critical to successful data analysis (Fleet et al., 2016). I initially thought that this would involve immersion with each cases one-at-a-time; in reality, eleven of the counselling sessions were conducted in an overlapping period of four weeks (with the 12th session conducted a month later, due to the Christmas break). After each counselling session, I wrote a reflective memo that accounted for both the counsellor and the researcher perspective. After each counselling session (and prior to the participant's next session), I listened to the audio file of the counselling session (over one hour in length), so as to fully immerse myself in the data.

I also listened to each research session two or three times. The first listen allowed me to absorb the 'vibe' and 'feel' of the session, what was happening for the client, and the main themes. In the second and subsequent listens, I paid special attention to broaching sections and any R/S-integrated discussion (noting the relevant time stamps within the sessions).

I then transcribed entire portions of each session relating to broaching or discussion of R/S concepts or themes using either one of two methods. (As my assumption was that clients' spirituality may influence many parts of their lives, I tended to transcribe over 90% of the sessions in my research.) The first method involved simultaneously listening and dictating the session to a dictation application (Otter), which would transcribe the text into a document on my phone. I would then transfer the file to my computer and correct the dictated data through careful listening and re-listening to the session, amending the data accordingly. This process often took 4-5 hours for each one-hour session.

The second method of dictation involved using the microphone in Microsoft Word, dictating the re-spoken counselling session into a Word document. This proved to be a quicker method, as I could edit the data as I spoke it into the Word document, taking a total of around 3-4 hours for each session.

Whichever method was used, each session was listened to in its entirety a minimum of three times, and often many more times. Importantly, the transcription was only ever accessible on my locked and secure phone or computer and the secure university server, and was never sent to any external software companies, ensuring that client confidentiality was maintained at all times.

Whilst this transcription process was happening, I was still conducting counselling/ research sessions and listening to recordings between sessions, which meant that much of the content of participants' sessions was swirling around in my head throughout this month. Sometimes this was to the slight detriment of my counselling. For example, on a few occasions I recalled a participant contribution that seemed to ring a bell in my mind, only to then realise "oh no, that was the other participant, not this one – he is talking about a similar theme, but he didn't say that!" Often this happened while I was in the process of asking a question, so the participant could quickly 'set me straight'. Nevertheless, it is an example of one way in which the process of research impacted my counselling.

On other occasions, I found that I would quote a code I had generated (in order to highlight a client's strengths or success), only to realise that I'd quoted my code rather than the client's words or a co-construction which had happened in real-time.

On the other hand, my immersion in the data was highly useful to my counselling as I noticed (oh too many) ways in which I had overlooked or not heard a client's words in a session. Consequently, I made a concerted effort to listen to each client's words more carefully, and I became more aware of how I could 'rabbit on', talking too much (either in summaries, or in asking a question with a huge introduction). My counselling practice became more mindful of my (too many) words in the session, so in later sessions I would force myself to stop talking far more quickly than I had done in earlier sessions. In the end, I became convinced that the research was improving my practice.

Assumptions in Data Analysis

As my research progressed, I recognised that I had made key assumptions during my thematic analysis. Clarke and Braun (2018) highlight the need for such assumptions to be recognised as a subjective researcher factor. The first assumption was my personal view that spirituality is holistic, and I note that this may have shaped my analysis; I may have been inclined to see substance, when in fact there may only have been a shadow.

One of my assumptions is that to understand Jack's beliefs, his spirituality, I need to understand more of what makes him tick, I need to understand his hopes, his desires, his fears ... I have a holistic view of spirituality that means I may see a connection where there may not be for clients. (Reflective Memo, Jack Session 1, 22/12/19-03)

Several other assumptions I noticed were (unsurprisingly) based around my Christian beliefs. I also observed that my survey of literature influenced how I coded, as did my psychology undergraduate training.

I can see in my assumptions here that my Christian beliefs may be influencing my theme choices, I have landed on wisdom as a key concept to describe a body of knowledge. Questing too – I know was influenced from my reading of the great Aten... book – where it explored spiritual questing, and I can recognise for my two Generation Z'ers, they are both questing for their spiritual meaning. (Reflective Memo, Jack 27/12/19-01)

Noting the risks and concepts about shame-internal and externally driven, are psychological concepts and influences for me, that still shape how I can think in the counselling room from my undergraduate training back in the dark ages – late 80s.

(Reflective Memo, 24/12/19-01)

Hmm it is revelatory writing about assumptions – the key influences for me are psychological and [my] Christian worldview, that makes a lot of sense, [as] both have been very influential to my development.

(Reflective Memo, 28/12/19-01)

Thematic Analysis

The first wave of my data analysis followed the six-stage thematic analysis of Braun and Clarke (2006). The data sources I used included the transcribed counselling sessions, whiteboard in-session co-constructions, and the counsellor memos. I generated codes for the entire data set, undertaking within-case thematic analysis of the counselling sessions for each participant and for myself as the counsellor. These codes were developed to answer my initial first research question, “*What does R/S mean to clients?*” In coding and re-coding, I sought to create rich and nuanced codes (for each client and for my counsellor reflections), later grouping these codes into client/ counsellor themes (both R/S themes and general themes) using a social constructionist epistemological framework.

I initially thought I would conduct cross-case analysis, comparing the interpretations of meaning and themes across cases and then making assertions about the meaning and interpretation between the cases (Creswell, 2013). I found, however, that each individual was so nuanced in their personal beliefs that it seemed preferable to undertake within-case analysis; it only seemed meaningful to create key themes for an individual, with little usefulness in contrasting or discussing themes between cases.

This within-case thematic analysis involved going through the data numerous times, creating nuanced latent codes based on the data. I sought to code the latent meaning contained in one or two sentences in order to generate the underlying meaning raised at that point. I then grouped codes that were similar in meaning, grouping separately the codes from their counselling sessions and the counsellor memo codes. I cross-checked and re-checked with the data to generate themes that related to R/S. In all, I generated at least 1,000

R/S-related and non-R/S-related codes. I strove to “identify underlying patterns” (Clarke & Braun, 2018, p. 108) and generate R/S themes that would knit together the reflective observations, using thematic analysis as a qualitative method (Braun & Clarke, 2019; Clarke & Braun, 2017).

The following is a reflective memo from the first participant I sought to code:

As I went through the transcript, I noticed the semantic surface meaning easily, but it was hard to get below the surface, to find the latent meaning. I can see that I was noticing things in spiritual categories once again here too. I was highlighting hope too: a sense of hope; supporting hope; hopes for better relationship; hope for happiness; ... hopeful beliefs help; life without psych-drugs hope-less; hopeful work rescuer; Dad the saving hope; ... after-life hopes. (Reflective memo, Jack Session 1, 22/12/19-02)

A later memo also notes my process of coding:

I sought to generate codes that dug into the meaning below the surface for the client. ... The initial coding and theme generation was primarily noting what R/S meant to clients. ... I could see threads of concepts emerge and recede through my data set. I could also see my tendency to view things similarly. ... I could see mentors or wisdom was interesting to me, and guides or guiding, or treasure buried taunted and intrigued me from the generated codes.

So many intriguing codes that painted a diverse array of themes. I over-coded (if there is such a thing) ... I was interested to see how their R/S may weave through numerous parts of their life. (Reflective Memo, 28/01/20-01)

Further to this, after concluding this sweeping thematic analysis, I reviewed these themes with my thesis supervisors. Somewhat surprisingly, though I found the R/S themes generated among my clients was of some personal interest to me, I discovered that I was profoundly captivated in the processes around broaching R/S, and around when and how I was able to integrate clients' R/S within their counselling.

At this point, we re-formed my research question to recognise this shift: *“How do I broach and integrate a R/S orientation within a S-F counselling practice?”* I decided to conduct a second wave of analysis with a more limited data set, centred around two participants: Kauri and Dark Knight.

I recognised that the data excerpts demonstrated the R/S themes and subsequently highlighted points of integration of client R/S for me to use as starting points for my microanalysis. I continued to refine my generated themes for the counsellor memos with this revised research question. The themes I generated allowed me to make sense of my counsellor data. The findings from the thematic analysis of the counsellor reflections are outlined in the findings section in Chapter Five.

Microanalytic Analysis

The microanalysis used in my research (De Jong, Bavelas, & Korman, 2013; Korman, Bavelas, & De Jong, 2013; Tomori & Bavelas, 2007) mapped the counselling processes and the integration of R/S co-construction within the relevant counselling sessions. Franklin et al. (2017) notes that microanalysis “has been frequently used in SFBT process research” (p. 26) and they cite Elliott (2010) who proposes that this method is a rigorous and potentially useful research design for studying sequential analysis and theory in counselling.

My microanalysis began with re-examining the first time I broached R/S using my scale until that dialogue came to its natural conclusion in the first research session with both clients. I also explored the processes in other places where R/S themes emerged within the session. Subsequently, my findings explore this integration by highlighting the counselling processes and assumptions used.

This microanalysis noted a ‘surface observation’ of processes in the broaching sections with both participants. I coded solution-focused techniques, skills, approaches, and assumptions, as well as other counselling micro-skills and techniques. My primary interest was to observe the processes of broaching within the counselling. This surface process observation led to my microanalysis of ‘Who was doing what?’ and ‘How did that affect what came next?’ Of particular interest to me were the questions ‘What were my techniques and initiatives in the session?’, ‘What was I doing?’, ‘How did the client respond?’, “How did *I* then choose to respond?” and so on. This was more complex than I expected, as I share below:

It is taking me time to work out how to code the meanings of the co-construction – as I am really categorising what S-F tool/approach ... (or not) I am trying to use. Then I am

trying to observe in a semantic manner the client's response. Let me share some codes from my part with DK session 1: select + build/reframe to positive; curious-difference; curious-best hopes; indirect compliment; normalise issue; curious-problem...

(Reflective Memo, 28/01/20-02)

As I read and re-read my data, I sought to combine "insight and intuition with an intimate familiarity with the data" to make sense of my research (Taylor et al., 2016, p. 170). I wrote reflective memos to seek to "track hunches, interpretations and ideas" (Taylor et al., 2016, p. 171), noting my rationale and reflective thoughts in order to develop a trail that could be audited (Creswell, 2013). All the time, I was learning to not get too attached to particular codes or groupings, as I sometimes found that writing a reflective memo about my conclusions sounded so empty and unfounded; it caused me to re-listen to the audio file, check, nuance or change the code, or scrap it altogether.

Overwhelmingly, in this second wave of data analysis, it was hard to make sense of the divergent skills used and the effects upon the client. While I struggled to understand how to group them, I finally arrived at three broad categories: S-F techniques and assumptions; general non-verbal or linguistic techniques and assumptions; and spiritually inclusive techniques and assumptions.

Hyett et al. (2014) note the importance of a clear justification for case selection. Within my research, due to the volume of data generated through broaching and integrating R/S with these two participants across multiple counselling sessions, and due to the constraints of a Master's project, I decided to confine my reported findings to data analysis with one participant: Kauri. My findings in Chapter Four outline the within-case microanalysis of broaching and integrating R/S within two counselling sessions with Kauri.

I feel a sense of loss that the stories and data from Jack, Dark Knight, and Toa will not be shared. They provide other compelling and intriguing findings that have similarities and contrasts. I feel this loss most keenly with Toa, a Pacific Islander who found religion both problematic and a haven to him.

Chapter Four – Findings:

Broaching and integration of R/S with S-F Counselling

This chapter presents my findings for the main participant in my research, introducing the participant before providing an overview of the focus in the research counselling sessions. I then share the findings of my microanalysis of broaching R/S in the first research counselling, before concluding with the findings from my microanalysis of integration of R/S within one solution-focused counselling session.

Participant: Kauri

The research participant discussed in these findings is Kauri, a co-constructed pseudonym for a 19-year-old heterosexual female with a Māori mother and Pākehā father (New Zealand European). Kauri lives with her parents and has an older sister, who lives in the North Island. Her family/whānau are significant supports for her. She actively participates in her favourite sport a few times a week, and had just completed her first year at university when she started counselling. Kauri worked part-time in the hospitality industry. She has a few close friends, who she loves to go out and have a laugh with; they are very dear to her, yet also bring significant challenges to her well-being. Ex-boyfriends can be either a support or problematic to Kauri.

Kauri's best hope in coming to counselling was to feel happier, more confident, and more positive about herself. More specifically, Kauri wanted to grow in her ability to do 'normal' things, such as go by herself to a shopping centre or buy herself a drink (at a nightclub), while feeling confident and positive about herself.

In total, I had seven counselling sessions with Kauri. The 'research sessions' discussed in what follows were my second and third sessions with her. These sessions were the first and third of the twelve sessions I recorded for this project.

In the first research session, we co-constructed numerous S-F scales, which covered her friendships, how she felt about herself, and her reasons for living. Included in this first

session was also the introduction of the R/S scale, which broached this area with the participant.

In the second research session, we explored how Kauri could change how she feels. This process resulted in identifying successful 'sayings' (helpful statements) that she had used in the past, and we co-created new statements that both integrated her current interest in spirituality and developed a process for Kauri to change how she feels about herself. My findings in this chapter present the broaching account in session 1, and then the integration of spirituality and S-F in session 2.

I grouped my microanalysis of the co-constructions into three broad areas:

- S-F techniques/assumptions used: **follow the client lead**, affirming and following the client's (not counsellor's) lead; **curiosity** about (the problem- this is not a S-F technique), resources-strengths-skills, success, and the future; **amplifying** of resources-strengths-skills, success, and agency; **success-strength-resource-skill talk**, with detailed talk about successes, strengths, resources or skills; **future talk/ solution-building**, detailing her preferred future; **problem talk**, focusing on the problem (not a S-F technique either); **listen-select-build**; and using both direct and indirect **compliments** and **scales**.
- General non-verbal or linguistic techniques and assumptions used: **tentative language** and **echoing client language**, with a **knowing-expert stance**; **minimal encouragers**; **non-verbal techniques**, such as a soft, gentle voice, or humour; and using the **client's internal frame of reference**.
- Spiritually inclusive techniques/ assumptions used: **affirming** R/S agency, beliefs, R/S disinterest or anti-beliefs; **spiritual talk**, detailing her spirituality; **spiritual problem talk**; **non-expert religious stance**; **R/S curiosity** about beliefs, salience, inclusion, and helpfulness; **normalising of spiritual diversity**; **non labelling of R/S beliefs**).

Session 1: Broaching R/S with Kauri

As stated in the previous chapter, I broached the issue of R/S by asking participants to rate their view of their own R/S well-being on a scale. I then analysed the broaching through microanalysis of the co-construction within the first session.

This section presents the findings of my microanalysis of the broaching process, seeking to answer the first component of my research question: *How do I broach (and integrate) a R/S orientation within a S-F counselling practice?* This analysis privileges client and counsellor responses, showing the processes that developed during this 2.5-minute dialogue.

Appendix H shows the entire dialogue of this broaching section. Within the transcripts, 'K' represents Kauri's dialogue and 'C' represents my dialogue as the counsellor. Square brackets are used to denote speech variances or explanatory statements.

Normalise Diversity of Beliefs

Prior to our first session (during the process of obtaining informed consent), I was aware that the client may experience some discomfort, perhaps feeling pressure to 'perform' for my research. This became evident during the process of obtaining fully informed consent. As I explained the nature of the research, Kauri asked:

I'm not spiritual or anything. Did that matter?

[I made some response that it didn't matter either way, as I could talk about people that weren't spiritual and people that were as both were useful.]

When I did broach the topic with her, she gave an 'aha' noise, as if to say, here it is, this is the research-ey bit. She engaged with it though.

(Reflective Memo, 14/11/19-01)

The client's statement "I'm not spiritual or anything" made me wonder whether Kauri felt deficient or lacking in the 'spiritual department'. But microanalysis showed that Kauri still asked important spiritual questions. She expressed curiosity about whether her 'non-spiritual' beliefs might be acceptable, asking, "did that matter?" I gave reassurance that whatever her beliefs (or non-beliefs), she could be useful to my research. Moreover, I

normalised a diversity of beliefs and sought to reassure Kauri that her beliefs, whatever they may be, were welcome in both the counselling and the research. This demonstrates that I worked within the client's orienting system using the religious constructivist paradigm (Pargament, 2007).

After just one minute of our very first session, I offered Kauri the ORS and R/S scales to complete. When she read the R/S scale, she asked another 'spiritual' question:

K: What kind of things would be in the spiritual wellbeing? (Session 1, Kauri)

Perhaps she was interested in the gamut of beliefs, topics, or experiences that could be defined as spiritual, and wondered whether her beliefs fit into that spectrum. At the very least, this highlights the fact that Kauri was unsure of how to complete the scale, yet felt comfortable enough to ask a spiritual question within the session.

Tentative Language and a Non-expert Religious Stance

In response to Kauri's question, microanalysis showed that I used gentle non-verbal communication with tentative and non-expert language to demonstrate a non-expert religious stance. I replied with a very soft voice:

C: Yeah, well, just, it's, aah, I don't know. Like anything that might be that for you, might be, umm, I don't know, do you have any spiritual beliefs? or any spirituality? Things that can be from formal, sort of the religious end, which is often more brands of churches, Christian to Muslim, to Jewish, to umm, just you believe that we are all connected, or you know we are all one, with each other or one with the universe?

K: Mmh, I'll go neutral [she placed a mark in the middle of the R/S scale]

(Session 1, Kauri: 2:35)

I was very aware of the need to not be educational or definitive about anything spiritual – to have a non-expert religious stance. I used tentative, non-expert language: "I don't know" was used twice, and I added a few 'umm's and an 'aah' deliberately, to show that I was not a teacher in this setting, and that my goal was to seek, to draw out and to privilege the client's view. I assumed and amplified her agency through saying, "like anything that might be for you ... do you have any spiritual beliefs?" Yoon et al. (2020) and

Rollins (2009) note the importance of not taking an expert position while addressing R/S matters with clients.

Maintain and Build Therapeutic Alliance

A key finding from broaching R/S in session one was the importance of building and not rupturing the therapeutic alliance. In this first research session, after my response to her R/S question, Kauri replied: “I’ll go neutral”. It seemed that she regarded the middle point as a ‘neutral’ place in relation to her spirituality. At this point, early in the session and with an awareness that Kauri may have felt pressure to ‘perform’, and also to alleviate any potential strain, I changed the topic from R/S discussion. I aimed to further develop our therapeutic alliance through amplifying strengths, highlighting strengths in areas of her life.

My microanalysis identified that I amplified strengths and resources through indirect and direct compliments, as well as through the select-build technique:

C: Yeah, okay, so, whoa, so look at here!” [pointing to the second scale, with a very excited tone of voice] Wow! So talk to me about this, this one seems to have almost gone off the charts here, on the social /interpersonally one here?

(Session 1, Kauri: 3:15)

C: So, what’s going so well with family? [quite a loud voice]

K: It’s just always, just fine, no problem [softer voice]

C: Yeah, okay, so it’s just always a strength just there [softer voice]

(Session 1, Kauri: 3:55)

I amplified strengths with the indirect compliments “whoa ... Wow!” and the direct compliments “so look at here! ... almost gone off the charts here”. We also explored her resources through my question “what’s going so well with family?”, leading to her positive response that her family is “always, just fine, no problem”. I then used listen-select-build to amplify this resource (De Jong and Berg (2013, p. 57). I also echoed Kauri’s language (De Jong & Berg, 2013) by saying, “so it’s just always a strength”. By emphasising that her family was always a strength, I amplified familial strengths as a valuable resource to the client.

I resumed our discussion about the R/S scale again at the 4:35 minute mark of the session (after further strength-talk where we identified familial strengths, future-talk, and

further discussion about her desires for change). Sperry (2010) and Day-Vines et al. (2013) highlight the importance of building strong therapeutic alliances to ensure there are no alliance ruptures. My consideration about the importance of therapeutic alliance and the timing of broaching R/S meant that the alliance was strengthened and certainly not strained.

Client R/S Agency

Kauri completed the R/S scale (with a score of 5.1/10) and stated her agency with R/S. Her response to my R/S scale question showed a clear statement of agency in regard to her spirituality:

C: And here, just tell me a little bit about this mark here, that you have sort of put in the middle? [pointing to the mark on the R/S well-being scale the client has made]

K: I- don't- really- think- about- it- that- much [speaking in a slower staccato way], unless I like, [pause] you know, you know like make myself [client starts laughing], think about it.

C: Okay.

K: Like, intentionally

C: Okay. [Kauri's laughing stops]

K: But I'm not religious. But yeah...

C: Yeah, okay.

K: But you said about the all being connected thing

C: Mm huh

K: That kind of made me think of, yeah. But I'm not, nothing bad, nothing great

C: No.

K: It's just, like, there.

(Session 1, Kauri: 4:40)

In this first paragraph, Kauri's slower speech and laughter may reflect some uncertainty or awkwardness (about what I can't be sure), yet the content of her speech is clear; she doesn't often think about her spirituality, but she does think about it when she chooses to. This is expressed in the phrases "I- don't- really- think- about- it- that- much,

unless I ... make myself think about it, like intentionally". Kauri expressed her R/S agency – she feels in control of her beliefs and chooses when she will think about them.

Minimal Encouragers 'Welcomes' Client's Beliefs

Within my microanalysis, I identified "spiritual-talk" as responses from the client that detailed her beliefs. Within this section I used minimal encouragers, "okay" repeated three times, and "mmhm" and other similar signs of affirmation. These minimal encouragers to Kauri's spiritual statements led to spiritual-talk and suggest that I was affirming the client's beliefs. Her spiritual talk detailed her non-religious beliefs ("I'm not religious"), her intrigue with connection ("you said about the all being connected thing"), and her acknowledgement that her spirituality was present ("It's just, like, there").

De Jong and Berg (2013) suggest that exploring and affirming clients' perceptions is a "major share" (p. 41) of what is done in S-F counselling. In this case, these minimal encouragers seem to have affirmed the client and lent support for her to include spiritual interests as part of her counselling.

Broaching 'Made Me Think'

I broached R/S with tentative language ("tell me a little bit about this mark there, that you have sort of put in the middle?"), and with a gentle, quieter tone of voice to ensure non-threatening communication. The microanalysis of this dialogue hints that broaching R/S may have felt somewhat 'unnatural' to Kauri:

K: But you said about the all being connected thing, that kind of made me think of, yeah...

It seems that the client did not have her 'usual agency' to choose when to think about spirituality, and that broaching may have felt unnatural, as she expressed: "that [broaching the scale] made me think". It was the introduction of the R/S scale, rather than her usual agency to consider her spirituality if and when she chooses, that prompted her reflections. It appeared from the microanalysis that the client had agency to express this change (i.e. the change from her usual agency) within the session, which may show a degree of comfort discussing this issue with the counsellor.

Techniques Used to Discuss R/S Salience

In this broaching dialogue, I developed an awareness that Kauri wanted to be in control of any R/S discussion (an experience that has strengthened my awareness of this dynamic with clients). I expressed curiosity about the salience of spirituality for the client using listen-select-build, and also used tentative language and echoed the client's language. Microanalysis shows I expressed curiosity about spiritual salience for the client by asking about the importance of her spiritual beliefs:

C: yeah, okay, yeah, so you sort of have some, sort of spirituality that's sort of there, and um, is that, how important is that to you, do you think, would you say? That bit of spirituality that's there? (Session 1, Kauri: 5:10)

In this listen-select-build section, I recalled that the client had stated she was not religious, and I selectively overlooked (i.e. I noted but did not engage with) her not being religious. I recalled her interest in "being connected", and stated that she may have some spiritual interest in some "sort of" pantheistic beliefs (where everything in the universe is inter-connected, Plantinga, 2002). I did not ask her "what are your beliefs?" Rather, I used listen-select-build as a tentative strategy to explore her positive interest and build her agency.

The language used is once again tentative, not-knowing language, seeking to be collaborative in my stance. I used the phrase "sort of" three times, "um" once, and referred obliquely to "that bit of spirituality", to show my understanding that this may only be of passing interest to the client. I also echoed the client's words "think" and "there". I asked what she thinks about the importance of her spirituality (which recalled her use of the word 'think' at 4:55), and emphasised her stated agency (the decision around whether or not to contemplate R/S). Later, I posed a question that echoed her language around her spirituality being "there" (5:05), the word she had previously used to identify R/S as a constant. De Jong and Berg (2013, p. 28) suggest that this incorporation of clients' key words into counsellor responses is the "cardinal skill" in S-F, as it respects the clients' frame of reference

while also connecting each response to their previous question (Bavelas et al., 2013; Froerer & Connie, 2016).

R/S Salience Leads to Spiritual Talk

Kauri's response to my question on the salience of her spirituality was to detail 'spiritual talk' about her beliefs:

K: Aah, I don't think about it a lot, but, then I think of like, think of stuff, 'cos I'm not religious or anything, like, (mm), 'cos I don't really believe in God, but I do believe in the, things happen for a reason.

C: Right

K: And like, like the death part" [said with death emphasised], like, I don't think there's a heaven, but, I hope, good people go, somewhere. (Session 1, Kauri: 5:20)

This tentative question posed to the client was intended to ask, 'How important are your spiritual beliefs? But, rather surprisingly (at least to me), Kauri detailed her actual spiritual beliefs. That is, she seemed to answer the question, "What are your spiritual beliefs?" One cultural supervisor, Karaitiana Tickell (Kāi Tahu, Ngāti Raukawa, Ngāti Toa Rangatira; lives in Ōtautahi/ Christchurch, New Zealand; personal communication, April 16, 2020), suggested that Kauri probably felt "informed by those behind her". Her family and ancestors may have informed her strong sense of "leaning towards hope", of purpose, and of believing that "things happen for a reason" (in Kauri's own words). So, even though I chose not to ask about the clients' beliefs, my salient question led to a response that detailed some of her spiritual beliefs.

Amplify Agency with Inclusion of R/S

My next question tentatively offered her a choice of two options: to include or to exclude R/S in her counselling:

C: Yeah, ok, yeah, cool, and do you think that for you, that, that some of the sense of, some of that spiritual stuff that you think about sometimes, some of that might be useful for you to bring into counselling a little? Or, or, what's your take, or do you think, 'actually I'm not sure that's going to be much use'? (Session 1, Kauri: 6:00)

This question shows how I sought to amplify the client's agency: I repeatedly used the second person singular tense, saying "you" or "your" six times, including in phrases such as "do you think that for you ... you think about ... what's your take, or do you think...". I also sought to provide her with clear, simple choices – the idea that R/S might be "useful for you" or, alternately, that she may believe it's not "going to be much use".

Colosimo and Pos (2015) suggest that a counsellor's use of the client's own internal frame of reference – such as I show here with the first-person hypothetical "*I'm* not sure" – opens a deeper level of communion or connection within the therapeutic relationship. In this case, the client responded to this question with uncertainty: "Mmhm". This response did not make clear what the client desired regarding the inclusion of R/S in counselling, so I chose to dialogue further, seeking to draw out a fuller response from the client by using listen-select-build and a soft voice and gentle tone:

C: I don't know, what are your thoughts on that? [lowering my voice volume]

K: Maybe. [quiet voice]

C: Okay.

K: I'll just see.

C: Okay, okay, cool, 'cause maybe some of that purpose stuff, might, might...

K: Mmm

C: be, be useful? [gentler voice used]

K: Yeah.

C: Okay. (Session 1, Kauri: 6:15)

K: Religion is like a uuu-ffff [noise the client made with her lips]

C: Yeah.

K: Like, to me.

C: Oh, okay, so it's a bit of a like aau-ehf [I made a noise trying to represent a yucky noise mimicking her noise] that's not me at all?

K: It's, the, people, that [in a slower voice], give it, a, negative vibe (yeah), that I, don't love.

C: [chuckling] Yeah.

K: That's not what I'm not here for at all. [voice lowers to very soft]

(Session 1, Kauri: 6:37)

Within this dialogue, Kauri seemed initially reticent to include R/S in her counselling: she says “maybe” as her initial response, then expresses spiritual problem talk around her problems with religion. Through further minimal encouragers, gentle non-verbal talk, and softening the volume of my voice, I affirmed her response: “okay”. She then says, “I’ll just see”, perhaps meaning that R/S may become relevant – or perhaps indicating that she simply doesn’t feel comfortable saying ‘no’ to the older, white counsellor! Kauri, being Māori, comes from a culture that respects elders, and I am probably her mother’s age. Tickell (personal communication, April 16, 2020) encouraged me to check my assumptions about authority (who has it or does not have it) and permission (I should always come in the best interests of the client). My awareness at the time was that Kauri may have had some feelings of marginalisation in relation to power, culture, and age that influenced her throughout the session.

Once again, I used listen-select-build, noting that Kauri had tentatively stated that purpose was something that seemed salient to her. In answer to my question “‘cause maybe some of that purpose stuff, might, might ... be, be useful?”, she replied simply with “yeah”. This may mean she agreed that R/S could be useful, or once again it may actually have meant ‘I don’t know how to get out of this discussion’. Her tone of voice went down at the end of the word, implying that she agreed R/S integration may be useful; if her voice had gone up in intonation, this would be more likely to have implied a question or doubt about the topic’s usefulness for her.

Kauri then changed her tone of voice – which implied a new topic – and engaged in more spiritual problem talk, expressing aspects of R/S that she viewed negatively – namely, religious people give religion a “negative vibe”. I sought to affirm Kauri’s R/S views with minimal encouragers such as “okay” and “yeah”, tentatively acknowledging that religion itself may be unattractive through my attempt to imitate her noise, and by using the client’s internal frame of reference through the summary phrase “that’s not *me* at all”. I attempted to

affirm, in a non-judgmental, connected manner, that for the client (at that moment) R/S may be not salient.

This analysis shows that I carefully employed a range of techniques to amplify client agency for her choice around R/S inclusion: offering clear R/S choices, echoing the client's language, gentle non-verbal communication, listen-select-build, affirming spiritual problem talk, and using the client's internal frame of reference to connect with the client about including R/S in counselling. I was also able to show an awareness of possible inequalities in relation to age, power, and culture.

Affirm the Client's Lead with R/S

In her final response to my curiosity about R/S inclusion in her sessions, Kauri (almost in a whisper) said, "That's not what I'm not here for at all." I took this to mean that she was not at counselling to talk about religion or religious people, or possibly even about spirituality. In response, I sought to affirm the client's view/lead and follow the client's lead with humour, laughing gently to lighten the mood:

C: Yeah, Yeah. So, we can put a cross through that! [Drawing a line through the word 'religious' on the scale]. 'Cause that's not where you're at!

K: No, no.

(Session 1, Kauri: 6:50)

The client agreed that religious things were not meaningful to her. Just to confirm that we were now tentatively heading in the right direction, I asked the client:

C: For you, it's more spiritual well-being that works for you?

K: Mmmm

This minimal encourager at this 'checking point' suggested to me that she intended to convey a polite 'no', and that perhaps she did not feel comfortable to say, 'no way, not interested at all'. I recall thinking at this point in the session that the alliance may have been strained by the R/S broaching, and I was keen to follow the client's expressed lead/agency, so I resolved that I wouldn't raise R/S again in our sessions. It seemed clear that she had no interest in the topic.

But despite my resolution, in our second session the client raised a fresh interest in researching the usefulness of affirmations for her, leading to the subsequent integration of S (but not R) with SFBT. This is discussed in the next stage of my findings.

Summary of Findings from Broaching in Session 1 with Kauri

From the microanalysis of R/S broaching in session 1 (that took a total of 2.5 minutes), the client expressed agency about her spirituality and that she was not really interested in pursuing this area in counselling. From my tentative curiosity in this first session, I learnt that the salience of spirituality and the desire for integration of spirituality within counselling both appeared low.

My research found that asking directly about the salience of R/S in her life did not lead to the client answering that question; rather, she detailed her R/S beliefs. In the absence of a direct answer to the question, many techniques were used to ascertain the R/S salience for this client.

For example, the R/S scale sought to privilege the client's R/S view and give agency to the client. The 'non-expert' SFBT stance, the use of tentative, 'echoed' language and gentle non-verbal communication, development of a 'connected' alliance, and the listen-select-build technique all seemed useful in developing a client-led direction in broaching.

Affirming and following my client's lead about her R/S beliefs was supported through minimal encouragers, a non-expert religious stance, offering choice re integration, and normalising spiritual diversity. This seemed conducive to the client feeling comfortable to share some R/S beliefs in the counselling setting, proved significant to building her agency in counselling, and reduced any strain or rupture and instead fostered a strong therapeutic alliance.

Microanalysis of Session 2: Integrating Spirituality with SFBT

Microanalysis of these excerpts demonstrates the integration of R/S through S-F and other counselling techniques or assumptions, as I seek to answer the second part of my research question: *'How do I (broach and) integrate a Religious/Spiritual orientation within a*

Solution-Focused counselling practice? In this session, I was not concerned with defining whether these were ‘spiritual’ or secular beliefs. Rather, my concern as a counsellor was to be open to include Kauri’s beliefs and interests in a non-judgmental manner using a religious constructionist paradigm. I include excerpts that highlight particular moments of integration within the session.

Active ‘Spiritual’ Exploration – Following the Client’s Lead

As noted in the broaching section (from session 1), I resolved not to raise R/S issues any further, in an attempt to both follow the client’s lead in showing low interest in R/S and to safeguard the alliance. I was therefore surprised at the start of the second session when she raised a new ‘spiritual’ interest, which led me to adapt my approach and integrate her interests within counselling.

Kauri completed her scales and looked at her mark on the R/S scale. I said, “it’s still pretty in the neutral zone”, and she responded, “I thought about that [spirituality] more yesterday”. I replied, “did you?”, offering only minimal encouragement (following my resolution to not discuss R/S). I purposely did not match her enthusiastic tone of voice, as I did not want to be ‘driving’ a R/S discussion, but I did adopt an interested tone of voice to express an openness to her new desire for discussion. Kauri then initiated a discussion on this recently developed interest:

K: Oh, that’s right [clears her throat], because [excited tone of voice], I was watching these YouTube videos, of like, it was someone’s morning routine, or whatever, and they talked about how they like do these, morning, prayers... [quieter voice]

C: Okay.

K: or affirmations [sic] or whatever

C: Oh, affirmations, yeah

(Session 2, Kauri: 5:20)

This excerpt showed that Kauri had taken the initiative to research an aspect of spirituality that interested her (possibly a daily routine centred around prayers and affirmations). This suggests that she may be in a spiritually searching developmental phase known as ‘questing’ (Desrosiers, 2012; Hill et al., 2012a). With the client awkwardly mispronouncing “affrimations”, it seemed that this word may have been new to her. I did

offer a correction, subtly demonstrating that I possessed some knowledge of R/S before allowing the client to continue to outline her interest (her 'spiritual talk') with minimal encouragers from me.

This highlighted the S-F assumption that "the time spent outside therapy is more important than the time spent with the therapist" (Hanton, 2011, p. 20). The client had agency to work on what she chose in her own life outside of counselling, and subsequently brought this interest into the counselling room.

Due to the client's changing level of interest, I changed my resolution to exclude R/S, and instead sought to follow the client's lead, being open to tentatively discussing what the client valued. The inclusion of the R/S scale may have prompted the client's interest, or perhaps it helped the client develop a feeling of safety that enabled her to bring her tentative spiritual interests into the counselling session, knowing that these interests would be welcomed.

As noted, the client expressed a new interest in affirmations. Microanalysis showed that this integration of R/S occurred through following the client's lead, using listen-select-build and an attentiveness to development of the alliance:

C: But is that something that you think, maybe it's worth, giving a, a go?

K: Okay, maybe, or something s-s-similar? [sounding doubtful]

C: Okay, okay so [pause], the idea of affirmations, some of it sounds a bit corny, you think 'maybe, I don't know' it sounds like to you, but maybe some of it might be like, maybe there might be something worthwhile in it?

K: Yeah, maybe.

C: umm

K: Cause everyone's like, oh, meditation and that's helpful.

C: Okay.

K: mmm, yeah.

C: Yeah, like, so meditation could be helpful? Maybe? [soft voice]

K: mm

C: What do you think? [asked softly]

K: Maybe, I don't know if, I could [she starts laughing a lot], sit still for that long [I join in laughing], but I don't know.

C: It doesn't have to be long either.

K: mm yeah.

C: You know people do all different things and you just sort of customise what works for you...

K: mm

C: often

K: mm, yeah I don't know, yeah

C: Okay. So, maybe that's something we can park and come back to maybe later because I know last time, you wanted more focus on the topic...

K: mm hmm

C: And umm work through that one area in a way. So, what do you think you would find particularly helpful, or what you might find helpful today to spend our time on today, in that regard?

(Session 2, Kauri: 6:44)

Within this excerpt, there is evidence of our alliance developing – even if it had been strained earlier, there is now some mutual connection, some genuine mutual laughter that demonstrates what Colosimo and Pos (2015, p. 108) call a “shared intersubjective moment” showing “communion”.

I also once again spoke from the client's frame of reference (Colosimo & Pos, 2015), using “I” in my summary to refer to the client's potential thoughts, summarising while I listened, selected and built in a client-led direction: “The idea of affirmations, some of it sounds a bit corny, you think ‘maybe, I don't know’ it sounds like to you, but maybe some of it might be like, maybe there might be something worthwhile in it.” Kauri responded with “Yeah, maybe”, which I took to mean that she had some interest in the topic. I therefore continued to follow the client's lead, developing the alliance with listen-select-build (focusing on her interest in affirmations and meditation).

Changing Spiritual Beliefs Welcomed

The client's spiritual beliefs are noted in these excerpts and are shown to be 'welcomed' and subsequently integrated within the counselling, using minimal encouragers and listen-select-build technique. In the following session 1 excerpt, Kauri stated some of what she does and does not believe:

K: ... but, then I think of like, think of stuff, 'cos I'm not religious or anything, like...

C: mm

K: 'Cause I don't really believe in God, but I do believe in things happen for a reason.

C: Right. (Session 1, Kauri: 5:20)

In this excerpt, my minimal encouragers "mm" and "right", are interspersed between Kauri's 'spiritual talk'. She states her anti-beliefs ("I'm not religious ... I don't really believe in God") and her positive beliefs ("I do believe in things happen for a reason"). But a week later, she showed that her spiritual beliefs were malleable. In particular, she wondered whether her beliefs might pragmatically work:

K: Yeah. And I was just like oh, I was thinking, [long pause] like, would it be easier? You know how people are like, they like to believe in God because they know that, there is like a purpose.

C: Mmm hmm

K: Maybe, like, I feel like that would be easier, if like, [pause] I had, not a purpose, something like that.

C: Okay.

K: But I don't believe in God. [small laugh] (Session 2, Kauri: 5:00)

In this excerpt, Kauri stated her evolving beliefs more firmly ("I don't believe in God"), where a week earlier she had said that she did not "really" believe in God. This further showed that Kauri may be questing regarding her beliefs (Desrosiers, 2012; Hill et al., 2012a). I did not draw her attention to this change in her stated beliefs, as my interest was primarily in how she might choose to include these beliefs in the development of her preferred future. I used listen-select-build, and Kauri detailed both spiritual talk and future talk, describing her preferred future:

C: Well, but, yeah, so you say you're saying, you're with a, you're watching someone, no watching.

K: Yeah

C: Someone do their morning routine and they had some affirmations.

K: mmm

C: Then you thought like, yeah, like they've got more purpose. Is that what you were thinking?

K: Yeah, it's like they have purpose. [strongly stated]

C: Okay, right and you thought, that might be something that, 'cause purpose was something you were saying was quite meaningful for you?

K: Yeah, but like, [with feeling] there's a reason for things.

C: Alright.

K: But they're quite, they get like positivity just from like, saying things.

C: Okay.

K: But I can't do that.

C: Right.

K: Like they're like, 'today will be a good day'.

C: Okay.

K: And, I don't know, I don't know if that would work?

C: Right.

K: Yeah.

C: But is that something that you think, maybe it's worth, giving a, a go?

K: Okay, maybe, or something s-s-similar? [sounding doubtful].

(Session 2, Kauri: 5:32)

My use of listen-select-build frames throughout this excerpt, as I echoed her R/S language and asked about her interest in purpose (her positive beliefs identified earlier: "you thought like, yeah, like they've got more purpose... 'cause purpose was something you were saying was quite meaningful for you"). Within the excerpt, Kauri considers whether purpose would be meaningful to her and bring her positivity ("there's a reason for things ... it's like they have purpose ... they get like positivity just from like, saying things"). At the

same time, Kauri expressed doubts or roadblocks to the efficacy of her beliefs (“but I can’t do that ... I don’t know if that would work?”). Alongside positive affirmations, she also said “I don’t know” twice. In response, I used minimal encouragers (such as “okay”, “alright” and “right”) numerous times to affirm or acknowledge that I heard her doubts and her beliefs. I concluded with listen-select-build curiosity about whether she is keen to try some affirmations.

Listen-select-build, combined with affirming and acknowledging Kauri’s statements and doubts and with minimal encouragers, helped her to detail her spiritual talk (her spiritual interests) and future talk (the possibility of positivity from affirmations).

Listen-Select-Build with Counsellor Lead

This microanalysis is illustrated with two excerpts that show the client developing practices in line with her preferred future (future talk around being able to change her feelings to be positive and confident using structured affirmations). I highlight two examples of co-construction: one where I ignore the client’s lead (and pursue my own ‘knowing’ approach), and another where I follow the client’s lead. These contrasting approaches highlight the importance of following the client’s lead to support detailing their preferred future inclusive of their beliefs.

The first excerpt followed on from the interest in ‘YouTube spirituality’, where the client had highlighted her hope for purpose, or her hope that affirmations might be useful in helping her to be more positive. We had co-constructed a ‘feelings and coping scale’ from 10:35 minutes until this point at 37:00 minutes (this dialogue continued to 59 minutes; See Appendix H: Whiteboard Session 2, Kauri). On this day, she was a 7/10 in positive feelings/coping (where 10/10 is coping as well as ever, and 1/10 represents her lowest ebb). I asked a S-F question that highlighted her success in coping [at 33:10 in the transcript]: “how are you actually a 7 and not a 1? ... like how are you able? What’s getting you doing these sorts of things?”. This excerpt explored another success on the scale:

K: And I think [laughing], at the end of placement I was just walking up the pathway and I was like ‘YES’ [she does a fist pump action].

C: [I laugh too] Great ‘acknowledging’! And if you put words to that, what would it be this ‘acknowledging’ your ‘success’? [quoting her earlier words]

K: Like giving yourself a [reward]?

C: You’re such a [role amended for identity protection] [we laugh together], so if you put this into words, how would you acknowledge? ... Like the ‘good job’? ‘Yay, I did that’. ‘Yeah, I can do this again’. [I take a deep breath in] Anything that will give you some of this kind of confidence?

K: You know I don’t really think those things, to think them. Know what I mean?

C: No. [I laugh; she laughs]

K: Just like you think them, but I don’t say to myself, ‘good job’. ‘Yay’.

C: I know, but like, would that be a strategy? [soft voice]

K: It could be, yeah, yeah.

C: And I was thinking it might be something like the affirmations you were talking about?

K: Yeah.

C: Like for you, where there’s points (yeah) where you look back, and think of all the ways I’ve done something, how did I do this, and why did it work (mm). Thinking, oh yeah, then I could do it again, and it’s like wondering if, what if I put that in words? ...

K: mmm. If I’m having a really sad day that ‘I don’t have to go’. For say...

C: I don’t know what words might give you confidence?

K: mm

C: you know that would remind you, I’ve got this?

K: Mm like

C: Okay, I nailed the 10-hour shift at work. What’s this, somebody doesn’t like my message, big whoop.

K: Yeah.

C: [I laugh] I’ve got this!

(Session 2, Kauri: 37:00)

In this excerpt, I summarised some of the success sayings we had co-constructed earlier in the session, with a listen-select-build focus asking, “any helpful things that you might say? ... anything that will give you some of this kind of confidence?” The client admitted she doesn’t say these things to herself, and we shared some genuine mutual

laughter and connection. When I acknowledged her confession with “I know” and tentatively ask “but, like would that be a strategy?”, she replied “it could be, yeah, yeah”.

With the client showing tentative interest in this strategy, I move in a counsellor-led direction by suggesting ways the client could say affirmations (rather than co-constructing with the client). Seeking to be attuned and to amplify the client’s success, I used her internal frame of reference (Colosimo & Pos, 2015): “think of all the ways I’ve done something, how did I do this ... then I could do it again.” Yet at this point I found myself driving the direction of the session.

However, the client then offered a strategy of her own: “If I’m having a really sad day that ‘I don’t have to go [to work]’”. I ignored her lead (her suggestion to give herself time off from work) and offer my ‘knowing’ direction. I asked her for different words or a phrase that she could use, saying “I don’t know what words might give you confidence?” Vivian-Neal (2018) states that when a counsellor “adopts a ‘knowing’ stance, sensitivity to the client and co-construction ... [is] lost” (p. 91). The client showed her disinterest in my lead with a minimal encourager (really a discourager), “mm”. As I am not listening carefully to signs of the client’s lack of enthusiasm, I embarrassingly continued away from the client’s lead: “you know that would remind you, I’ve got this?”. Unfortunately, I continued in my lead, recapping a highlighted strength and suggest my options for a strategy: “Okay, I nailed the 10-hour shift at work. What’s this, somebody doesn’t like my message, big whoop... [I laugh] “I’ve got this!”.

Noticeably, only I laugh at this strategy. There is no mutual engagement; there is a disconnection of therapeutic presence demonstrated by only the counsellor laughing. Once again, the client doesn’t say “STOP, follow me”. Instead, she replies, “Mm, like ... yeah”, resulting in what Colosimo and Pos (2015) call the non-presence of the therapist – being ‘not-here, closed’, missing important client narrative and ignoring client meanings, not being attuned to the client, sharing a low level of engagement and connection with the client, and potentially placing a real strain on the alliance (Sperry, 2010). Iveson and McKergrow (2016) highlight that it is crucial that the:

therapist remains neutral about the future steps the client may choose to take. Any attempt, however subtle, to direct the client towards action is likely ... to be experienced as a form of expropriation: using the client's ideas to feed the (good) intentions of the therapist. Only by staying with description can this neutrality be maintained (p. 14)

To be completely attuned to the client, it is crucial that they are "left fully in charge" of their life (Iveson & McKergrow, 2016, p. 14). The client must lead, rather than having the counsellor drive the direction of the session.

Listen-Select-Build with Client Lead

In this preceding section, I took far too long to realise that I am 'driving the ship' (leading the session), and I am too slow to hand the steering of the ship back to the rightful driver (the client). Thankfully, the client wrested the lead back from the unattuned counsellor, saying:

K: Yeah, I think like for me, it needs to be a, quite structured thing.

C: Yeah. Let's work on one.

K: Otherwise I won't do it.

C: What do I not like about that? So, what would a good structured, what might, when you say structured, you mean structured saying, words or time of day, or what do you mean by structured?

K: Maybe like the, more time of day, (okay) maybe like a physical thing I have to do ... like writing? [client speaking slowly]

C: Ooh, writing! [speaking slower] Yeah, like a diary kind of moment.

K: Ah ... Yeah, It's kind of like homework [big sigh]

C: [I chuckle] you know, whatever works. [I laugh]

K: Yeah. [she laughs a little]

C: Umm, you can bring the fun factor to it? [dramatic voice]

K: Maybe. [we both laughed together]

C: A fun diary moment, every morning. Wow. Yay. 'Yay me'! ... You know, whatever works. [dramatic voice again]

K: Maybe like, I've got a whiteboard or like a chalkboard. We could do something with that?

C: Yeah, cool. What could you do with that?

K: I don't know. [she laughs] You're supposed to know!

C: [I laugh] No, no, no, no, I'm helping you know! [I keep laughing; she laughs again]. Right, so, diary moment or whiteboard? What could you do on the whiteboard?

(Session 2, Kauri: 54:45)

Finally, I offered curiosity: "what do you mean by structured?" This encouraged client agency and privileged the client's view, which seemed to help lead to the client creating her practice. She started detailing her preferences (future talk) and offered some useful details about her preferred future, her 'practice', saying she wanted it at a particular time of the day and with a physical component: "Maybe like the more time of day, maybe like a physical thing I have to do ... like writing?" I encouraged her with an indirect compliment: "ooh, writing!", which was followed by the client speaking more slowly as she provided further detail: "Yeah, like a diary kind of moment".

The client then hit another roadblock in developing her practices as, with a big sigh, she expressed that this sounded too much like 'schoolwork'. I reminded her about her approach to spirituality by saying (with a chuckle), "you know, whatever works". She laughed a little in response, and I reminded her of an earlier identified resource (her love of 'fun'), offering in an attempt at humour, I used a somewhat dramatic tone of voice, "you can bring the *fun factor* to it". She replied with "maybe", and we both laughed together (which shows our connection). I then further developed this co-construction humorously with a similar dramatic voice: "a fun diary moment, *every* morning. Wow. Yay. 'Yay me'!", using the client's internal frame of reference. The client then chose to use this resource, moved past the roadblock, and further developed her desired practice.

With more humour, we laughingly muddled our way through this dialogue, where I demonstrated an increased awareness that the client needed to lead (and I needed to follow). When she said, "We could do something with that", I volleyed back to her, affirming her strategy and agency: "What could *you* do with that?" The client said, with laughter: "I don't

know, *you're* supposed to know", to which I laughingly replied – very mindful of my failed attempt to take the lead – "No, no, no, no, *I'm helping you know*". This was a lovely moment of connection as we juggled the agency, with "genuine shared laughing" showing a shared intersubjective moment of mutual presence (Colosimo & Pos, 2015, p. 108). The client wanted me to lead, yet I encouraged her that she was in control; she was the expert and had the agency.

This client-led agency produced a moment in which the client recalled a success (instance of success or exception to the problem): her development of useful sayings to celebrate her success and help her feel positive about things she had done. This excerpt captures this success:

K: I just realized that I, like did this unintentionally, at the start of placement.

[Excited tone of voice]

C: Did you?

K: I wrote on my chalkboard, like "you can do it" or whatever.

C: Yeah! Cool. Wow, so this is what you are doing! Nice.

K: Yeah.

C: So that's part of what you're already doing... (Session 2, Kauri: 57:00)

This excerpt showed an exception to the problem (De Shazer et al., 2007) that detailed a success related to her studies. The client highlighted how she had developed a saying that was helpful to her prior to beginning a university placement that she expected to be very challenging: "I wrote on my chalkboard, like 'you can do it'." Her enthusiastic tone seemed to imply that she enjoyed this strategy. I also used a direct compliment to acknowledge and amplify her success: "Yeah! Cool. Wow, so this is *what you are doing*! Nice ... that's part of what *you are already doing*". These compliments sought to amplify her instances of success and highlight her agency.

Integrated Approach to Future Talk

More doubts (or roadblocks) to developing her future talk were expressed around her developing plans and beliefs. These struggles were resolved in our integrated session by highlighting client agency and normalising spiritual diversity:

K: Mmm, I don't know, because I feel like the people that do the information thingy [spiritual affirmations on YouTube] ...

C: Yep

K: like, believe in it because they believe that somebody else will help them.

C: Okay.

K: I don't know how to do that without, maybe? hmm [voice goes quieter]

C: Because you're saying you don't believe in God?

K: No. (Session 2, Kauri: 57:45)

There appeared to be a significant tension for Kauri: her atheism may dash her hopes for affirmations to be useful. Observing others, she stated "they believe that somebody else will help them ... I don't know how to do that without...". I tentatively re-stated (as she had previously expressed) that she doesn't believe in God, in order to emphasise her agency over her beliefs. Her response suggested that my tentative conclusion was on the right track, as she says "no", affirming that she does not believe in God. After I included her beliefs, I amplified and affirmed her agency in choosing her spiritual approach, and normalised spiritual diversity with gentle non-verbal communication:

C: Yeah, yeah.

K: I don't know [quiet voice]

C: And in a sense it can be what works for you. [softening voice] Do you know what I mean? And in a sense that might work for them.

K: mm

C: Working out what works for you, whether it involves searching more, about other spiritual things, or involving affirming things you're doing well at the moment, and, in a sense...

K: Yeah.

C: You don't have to have all the answers...

K: Mm

C: Today, to make it work for you.

K: mmm

C: You can try some things, whether or not those, sort of affirmations like, ‘You can do it, I can do it’. ‘I can do this again’. ‘Yay, I did that’. ‘Good job’. Umm, those ones, like there’s not a reference to a higher power, but some people, you know, lots of people don’t believe in a higher power, you know, umm. (Session 2, Kauri: 58:36)

Again, I affirmed her agency gently, modifying the volume of my voice and highlighting her pragmatic spiritual approach: “it can be what works for you ... working out what works for you ... You don’t have to have all the answers ... You can try some things”. This is a similar approach to Hanton (2011), who highlights that, in S-F counselling, sometimes ‘good enough’ is good enough when constructing preferred futures with clients.

At the end of this small section, I also normalised spiritual diversity through my statement “you know lots of people don’t believe in a higher power, you know”. It seemed that normalising spiritual diversity gave her permission to dream and plan without others’ potential constraints. The client responded creatively to this dialogue, taking the lead and further co-constructing her practice. As Kauri constructed this practice, she spoke quite slowly, seeming to develop her plan as she spoke:

C: ... but some people, you know, lots of people don’t believe in a higher power, you know, umm

K: Maybe, mmm, I can, have, like, a, phrase, like, what, what, I kind of did [speaking slowly at first then speaking faster as she constructs the plan], then like, maybe at the end, of each day, I could write down, three positive things that happened, maybe?

C: Hmmm. [raised tone of voice]

K: And then we could like maybe talk about them, the next time we see...

C: Yeah.

K: And go over or whatever

C: Wow, so a phrase each day, and you will just devise it on the day?

K: Yeah I guess so, (okay) maybe, say it [speaking slowly], because sayings something that I want to happen maybe?

C: Okay, [pause – writing on whiteboard] which you might, would you use it on the whiteboard and then say it as well?

K: mm, yeah...

C: Sorry, was that, what did you say? And then say it as an affirmation?

K: Yeah...

C: Just do whatever works for you. Each day, or so, or whatever, then at the end of the day, you want to do, a, what was it?

K: Three, three things, positive things.

C: Three positive things that you did, whatever noticing.

K: Mmhhmm, maybe I can then, include like, then something, [pauses] that, I want to improve. [suddenly quieter voice]

C: Okay...

K: I think I'll write down the three things in a book. Yeah, yeah.

C: In the diary, sort of, wow, there's a structure you did it! [I clap, 5 times on my legs]. You knew! [I laugh]

K: [She laughs]

C: You just developed it. Okay. [Client laughs proudly]

K: I don't know if this will work, but we're gonna try it, right? [tone is sort of hopeful and humorous]

C: Yeah, totally. Nothing to lose (mm). And if things work for a time and then you mix it up (mm). Like what you've done, getting from a two or three last week to a seven. It's like ... you're acknowledging your successes... (Session 2, Kauri: 59:51)

Throughout this exchange, I clarified and echoed the client's exact words (e.g. "what did you say ... what was it?"). I highlighted client agency, offered a direct compliment, and used non-verbal actions (slapping my legs) to celebrate the plan, along with words of direct encouragement: "there's a structure you did it. You knew! You just developed it". I also gave her the option to modify her plan as she chooses: "Just do whatever works for you". Kauri developed a practice that included a plan to write and say (a verbal affirmation) a phrase on her chalkboard, to write three positive things in her diary from that day, and to note one thing to improve at a particular time of day. This was a detailed plan that she desired to review together in our next session. The communal laughter at the end seemed to celebrate a real achievement – a plan to develop a structure for these practices that had been

initiated by the client just five minutes into the session and had developed to this point almost an hour later. It felt like a milestone, and Kauri's proud laughter was testament to that.

My microanalysis of these sections reveals a combination of inclusive techniques to include client's beliefs, amplify and affirm her agency in choosing her spiritual approach, and normalise spiritual diversity. These spiritually inclusive techniques – combined with S-F assumptions of being client-led, with a counsellor R/S non-expert stance, with clear attention to and use of the client's own language (as she detailed her preferred future), and with paying careful attention to non-verbal communication – enabled the co-construction and integration of R/S with this client.

Summary of Microanalysis with Kauri

My sessions sought to work within my client's frame of reference by fostering a client-led focus on her preferred future, while also building client agency and including the client's developing beliefs. Noting roadblocks in developing her preferred future, microanalysis suggests that affirming and including her (tentative) spiritual beliefs and encouraging client agency may have opened the door to the co-constructed future practice plan that resulted.

Microanalysis also shows numerous SFBT assumptions and techniques that were utilised to provide an approach that integrated the client's own R/S, with key S-F assumptions revealing that the client possesses agency, is the expert on her life and to follow the lead of the client. Other successful S-F approaches that were demonstrated include the listen-select-build technique, echoing the client's language, scaling, compliments (both direct and indirect), and amplifying success, strengths and resources.

This microanalysis also showed several techniques and assumptions that led to the integration of R/S within my counselling practice: I normalised diversity of spiritual beliefs; reassured the client that her beliefs were welcome; answered her spiritual questions with a tentative, non-expert religious stance; used gentle, non-verbal communication; welcomed client agency with R/S; used minimal encouragers to respond to spiritual statements; used

tentative, not-knowing language; offered choice regarding the client's interest in R/S inclusion in counselling; echoed the client's R/S language; considered power inequalities; ignored categorising beliefs; followed the client's lead; and amplified the client's R/S agency.

My attention to the therapeutic alliance was also demonstrated through my use of non-verbal communication to seek an attuned therapeutic presence, my use of the client's internal frame of reference, modifying the volume of my voice, my use of humour, and consideration of timing around when to engage in R/S discussion.

The next chapter builds on these observations by discussing my findings about participant responses to the developed R/S scales, the SRS and ORS. The final section of my findings will then survey thematic analysis of counsellor reflections from my work with Kauri.

Chapter Five – Findings:

Participant-Informed Outcomes

This chapter begins by presenting the tentative findings from the R/S scale and other outcome measures, before sharing the conclusions drawn from thematic analysis of my reflections about broaching and integrating R/S with Kauri. Of particular interest to answering my research question was the participant's own assessment of the helpfulness of including R/S in her sessions. The scale that I developed privileged the client's view of R/S and her assessment of whether R/S integration was helpful within her counselling. The PCOM scales provide vital client-informed data that may show whether broaching and integration of R/S strained or strengthened the alliance (through the SRS scale) and whether her life was improving (through the ORS scale). These areas will be addressed in turn, along with brief analysis about the meanings of these observations from my perspective as counsellor-researcher. The final section of this chapter discusses thematic analysis based on my counsellor-researcher reflections.

Table 2 shows participant outcome data, Kauri's responses for the R/S well-being, and R/S helpfulness, SRS and ORS scales.

Table 2

Participant Outcome Data

Measure	Counselling Session		
	Session 1 14/11/2019	Session 2 19/11/2019	Session 3 6/12/2019
R/S Well-being scale	5.1	5.4	
R/S Helpfulness	5.7	7.7	
SRS Score	32.3	36.0	
ORS Score	16.4	17.8	23.9

R/S Well-Being Scale

As noted in Table 2, the client's assessment of her R/S well-being increased marginally over the course of counselling – from 5.1 in session 1, which the client described as 'neutral', to 5.4 in session 2.

My aim was not for this scale to increase with counselling; it was to dialogue to determine whether the client would like to see their mark move on the R/S scale. As discussed in the section on broaching, Kauri regarded her R/S well-being as 'neutral' (5.1/10). In the second session, she expressed that her interest had been stimulated, and we subsequently co-constructed an aspect of spirituality that was thought-provoking and interesting to her: structured affirmations. I remain curious as to whether this scale might represent not just clients' R/S well-being, but also the importance of their R/S. Kauri's reflections on her scores certainly seemed to imply that this was true in her case.

Helpfulness of the R/S Scale

The R/S helpfulness scale (See Appendix F) asked the client to rate the helpfulness of including R/S in the session (ranging from, 'it was not helpful to include in my counselling' to 'this was helpful to include in my counselling'). Data showed a lower helpfulness rating of 4.9/10 in session 1, while in session 2 the client recorded a peak rating of 7.7/10. This data suggests that the inclusion of R/S was becoming more welcome and more useful for the client as our time together progressed.

In the second session, after completing the SRS and R/S scale, Kauri said: "aah that might be more [pointing to the mark on the R/S scale], because that's kinda what we're doing. It'd be interesting to see if that will work" (Session 2, Kauri: 1:03:40)

The client acknowledged that a change had occurred by saying "aah, that might be more", meaning that her place on the scale had increased when compared to her session 1 score. She implied that the work we were doing in the second session included R/S by her statement, "that's kinda what we're doing". She seemed to regard our development of affirmations as 'doing' more inclusion of R/S in her counselling, and she rated this R/S

inclusion as being useful, as shown by her significantly higher rating of 7.7/10. The client also expressed interest in whether the developed strategies would work for her: “It’d be interesting to see if that will work”.

Outcome Scale

Kauri’s ORS scores were from the two research counselling sessions that form the focus of this study, as well as from the next counselling session (session 3, not discussed in detail in these findings). This ORS from session 3 was included to see whether the client observed any changes after the ‘integrated’ session. That is, did this integrated session seem to make a difference to her life?

As Table 2 shows, the client self-rated her overall ORS score (the sum of the four ORS scales, with a maximum score of 40) as increasing from 16.4/40 in session 1, to 17.8/40 in session 2, and then to 23.9/40 in session 3. This data suggests that there were considerable life changes for the client between the ‘integrated’ session and the next counselling session two weeks later. Changes in the ORS scale are regarded as a useful measure of the extent the client is changing (Duncan, Miller, & Sparks, 2004). During our research sessions, the client improved by 7.5 points on this scale, meaning that the conditions for reliable change have been met (where the difference between session 1 and session 3 ORS scores are greater than 6 points; Duncan, Miller, & Sparks, 2004).

Thus the client meets the criteria for clinically significant change (a gain of 5 points or more, and the scores cross the threshold for clinical cut-off of 25 by the end of counselling; Manthei, 2015). These ORS outcomes are informed by the client, and show that she regards areas of her life as improving significantly concurrent to the course of counselling. Perhaps the integration of her spirituality with the development of her practices may be one reason for this improvement. I do not, however, assume that this improvement was solely due to the counselling as I am aware that, for the client, most change happens outside of the counselling room (Hanton, 2011).

Assessment of the Therapeutic Alliance

In session one, I asked the client the following question to encourage her to complete the SRS: “Can you just tick, tick, tick, to see what’s happening? ... Thoughts? How are things, how are things working? You finding, things? Any thoughts, just to check in?” (Session 1, Kauri: 44:50; p. 7). The client replied, “Maybe going more in-depth in one topic, rather than just a couple [of topics]”. The client felt comfortable enough to make the suggestion to go more in-depth with the counselling on one topic, rather than moving around between several topics. I responded: “Great, that’s good feedback, thank you for that...”, a grateful, non-threatened response that endeavoured to improve the counselling alliance. This feedback was incorporated into the next session where we focused on strategies (previous successful or newly developed) that helped her develop a practice to help her be more positive with her feelings.

Table 3

Kauri SRS Breakdown of Scales

Session	Session Rating Scale Breakdown				Total SRS score
	Scale 1: “ I felt listened to” /10	Scale 2: “We worked on and talked about what I wanted to work on and talk about” /10	Scale 3: “The therapist’s approach is a good fit for me” /10	Scale 4: “Overall, today’s session was right for me” /10	
Session 1 14/11/19	9.5	7.7	7.2	7.9	32.3
Session 2 19/11/19	9.6	8.9	9.1	8.4	36.0

Table 3 shows that the client’s total SRS score in session 1 was rather low (32.3, where 0-34 reflects a poor alliance, as clients usually over-rate the SRS; (Duncan & Miller, 2008). In session 2, however, the client rated the SRS significantly higher (36.0, her highest SRS score, where 35-38 is regarded as a fair alliance; (Duncan & Miller, 2008).

Overall, the client felt listened to within counselling, rating scale 1 at or above 9.5/10 both in the broaching session (session 1) and the integrated R/S and S-F session (session 2).

This suggests that, even with the broaching and integration of R/S in session 1 and 2, the client felt that I listened to her and valued her words. Perhaps my focus on the echoing of client language (both R/S and general words) allowed the client to feel listened to within her counselling.

In the first 'broaching' session, Kauri rated the second scale (topics discussed today) as 7.7/10 and the third scale (the approach I used) as 7.2/10. The rather low rating of the therapeutic alliance in session 1 seemed to confirm my inkling that broaching R/S may have strained our alliance, though it may also have expressed other aspects of discomfort with the counselling experience. Duncan and Miller (2008) highlight that master therapists are "exceptionally alert" to the risk of dropout or treatment failure, and respond flexibly to negative client feedback, leading to better results. In this instance, the rather low SRS ratings alerted me to the fact that there was room for me to "do something different" (De Shazer et al., 2007) – to respond to client feedback, to ensure topics covered were consistent with the client's desires, and to carefully consider the methods I used.

Thankfully, in session 2 the client rated the SRS significantly higher at 36.0. Scale 2 increased significantly (8.9/10), while scale 3 suggests that the client found my approach most suitable, scoring it 9.1/10. This result suggests that the alliance was strengthened through the careful integration of R/S in session 2. Though I was aware of potential strain from the broaching session, it seemed that the client regarded the alliance as healthier in the integrated session. The improvement to the scale was significant, showing that the client regarded the alliance as being on track, with counselling heading in the right direction. This tentatively suggests that including her beliefs within this integrated session was useful and positive for the client.

At the end of session 2, the client once again felt comfortable enough to make another suggestion. In response to my questions, "So, any thoughts on this, just to end? ... Any suggestions about what we need to do differently to keep it on track? Heading in the right direction?" the client replied by making reference to the R/S scale, as detailed in the earlier section, before adding, "I'd like to talk more about anxiety" (Session 2, Kauri: 1:03:35), which we subsequently did in session 3. This dialogue shows a clear sense of

agency on her part, along with an encouraging level of confidence and comfort within the client-counsellor relationship

Findings from Client-Informed Outcomes

My findings show that Kauri's R/S well-being scale increased marginally over the course of counselling, which may suggest an increase in the importance of R/S for the client. The R/S helpfulness scale reached its peak in the integrated session, suggesting that the client found the integration of spirituality helpful. The client also seemed to regard the second session's development of affirmations as including R/S within her counselling. The higher SRS score further suggests that the client felt most connected with the counsellor during this session, the alliance seeming to be strengthened by integrating the client's beliefs.

Moreover, the data from the client's outcome data (from her ORS ratings) demonstrated that the client's self-assessment of her life had improved concurrent with the course of the counselling. Following the integrated session (i.e. at the start of session 3), the client's ORS scores increased significantly, which suggests that the client may have implemented useful changes after the integrated counselling session.

Counsellor Reflections

One of the strengths (and potential weaknesses) of qualitative research is the subjectivity of the researcher. Throughout this project, I sat in the dual role of counsellor-researcher, seeking to be highly reflexive as I conducted thematic analysis of my reflective memos.

This research has not been easy. At times, it has been highly personal and uncomfortable – not just because of the discomfort of listening to my clumsy 'umms' and 'aahs' or my protracted stumbles and questions, but also due to my personal disquiet and a sense of isolation around discussing spirituality in an academic setting – a setting which is decidedly secular and often seems antagonistic to theistic positivists.

Chapter Three highlights the process that I adopted to thematically analyse my reflective memos as a data source. The analysis of these memos involved wrestling with codes and seeking to group nuanced themes. I generated codes under four themes:

- **Spiritual discomfort**, which has two sub-themes: ethical encounters and fearful zone.
- **New frontiers**, particularly focusing on broaching, and the sub-theme of whether broaching is a useful tool.
- **Proactive engagement**, with two sub-themes: journey with reconciliation, and colonising influences.
- **Collaborative partnership**, with two sub-themes: robust alliance, and flexibly engage.

Theme 1: Spiritual Discomfort

This theme explores an ongoing challenge in my research: working with clients who hold contrasting belief systems. The two sub-themes reflect some of the personal struggle that I experienced during this research. This spiritual discomfort is not often evident in my practice, but this research brought a spiritual tension to the surface.

Sub-theme: Ethical Encounters

This reflection, written one week before my first research session, highlighted some of the spiritual discomfort about ethical dilemmas I envisaged I would face:

I had a dream last night, or a vision ... I awoke from this dream thinking about my counselling work, dealing with people and their spirituality – their personal and treasured beliefs that may be very contrary to mine. And I was troubled.

Can I in good conscience encourage people to put their trust in (what I regard to be) false beliefs? Even though they truly believe them, my ethical counselling code says I must not say they are wrong, nor persuade them to my beliefs. Hmm an ethical dilemma. Much of my working life has been persuading people to change their beliefs to trust in the God of the Bible, yet now I am constrained, I feel a bit hamstrung, quite tongue-tied actually, as I must

hold my beliefs silent in my heart and then enter into their 'world', their beliefs and affirm – or at least acknowledge them as true for them.

(Reflective Memo, 6/11/19-01)

This dream highlighted to me how deeply I felt this ethical tension between integrating clients' personal and treasured beliefs and being a Christian with contrary beliefs, seeking to balance this tension and remain authentic as a counsellor. Clients may want (or need) to have their beliefs affirmed, yet these may be polar opposites of my beliefs, and there may be occasions when I might struggle to provide this affirmation. I pondered this tension further:

I think that is key: acknowledging and affirming are very different things. It seems a bit of a technicality, but it may be important for me to feel coherent, no that's not the word, perhaps consistent is better.

If I can hold my beliefs as a comfort to me, wisdom to speak to others in their pain and to acknowledge their beliefs, that may be sufficient for clients to feel upheld in counselling and for me to feel consistent with my beliefs...

(Reflective Memo, 6/11/19-02)

This memo highlighted my musings around whether *affirming* or *acknowledging* clients' beliefs might be most helpful. After each of my research sessions, I recognised that this tension between affirming and acknowledging clients' beliefs was much easier to manage in the research than I had envisaged in my dream. After my microanalysis of integration, I recognised that acknowledging client beliefs was primarily achieved through the use of minimal encouragers such as "right, okay, yeah", not statements of affirmation about their beliefs. For example, on one occasion I included Kauri's previously stated beliefs, which seemed to reassure her and helped her pursue further 'spiritual talk'.

In working with Kauri, it also proved useful to normalise R/S diversity, using phrases such as 'many people are atheists', 'many people search', or 'it's okay to find out what works for you'. It felt authentic for me to affirm these statements. My research showed that minimal encouragers and normalising spiritual diversity were sufficient for enabling the client to bring her treasured, developing beliefs into counselling.

Sub-theme: Fearful Zone

This sub-theme flows from my desire to develop an integrated R/S S-F model in my counselling practice, as specified in Chapter Three. One of my reflections highlighted my fears of integrating R/S and S-F counselling, as well as my fears around working with clients who hold contrasting beliefs:

I have some fears of integrating spirituality and S-F counselling, that it will be clunky in my research. I have the most confidence working with clients with similar beliefs to mine, the Western religious traditions are more known to me, and especially the Christian tradition.

I am aware that there are significant individual nuances to what people believe and how they practice their beliefs and I am still a bit unsure how I will integrate spirituality within a S-F approach that is social constructionist (though it is familiar). I think it gives me great scope to co-construct with whatever client I have in the room.

I most fear working with people deeply involved with the occult, which on a positivist spectrum of beliefs would be placed at a polar opposite in terms of contrasting beliefs.

(Reflective Memo, 27/8/19-03)

In this memo, I recognised that I find it easier to consider integrating R/S with people who hold similar spiritual beliefs to mine. This reflection helped prepare me to work with clients with differing beliefs, utilising a social constructionist approach. I recognised from this reflection that working with clients “deeply involved in the occult” would place them outside my “zone of toleration” (Worthington et al., 2009). It was interesting to realise that I view the occult as a polar opposite worldview to my Christian positivist view, as opposed to, say, atheism or postmodern relativism, such that it would mean I would need to refer the client. I am also reflexively aware that, on issues where clients hold contrasting moral stances, I would rarely (if ever) need to refer them.

With each participant, I reflexively journaled R/S issues that I found personally challenging. I did not have a client involved with the occult, though I recognised one client had polar opposite beliefs to mine that I found challenging but still within my zone of toleration. This memo excerpt about Dark Knight showed some of this dissonance:

I recognise ... now after spending most of the day in this transcription that I really struggle with the nature of his beliefs. I can hear and listen to the words that he uses like 'connectedness', 'spirituality', 'opening' and 'shutting doors', but I do feel very uncomfortable.

And this is to do with my very opposite, polar opposite beliefs.

Where he sees religion and his very new age spirituality as being one and the same [and he says that], to me they are chalk and cheese, they are light and darkness. They are polar opposites in every way. So I do feel this very real dissonance within me as we dialogue about his own personal spirituality and relationships.

(Reflective Memo, 20/12/19-01)

I processed this dissonance through my reflection. I recalled working with a client who was profoundly deaf and pondered what I had learnt from her; I found this useful, as it seemed to offer a similar principle to those I used to deal with these conflicting beliefs:

For me, to work with my deaf client, I needed to understand her world, and have compassion on her in her world, and it took me a while to do that, not to have compassion, but to understand her world.

I think it's a similar process here, for me to understand people, to understand their beliefs, how they value them, how their beliefs make sense to them is vital to valuing each and every client, and their view of the world.

So for me, I think reflectively, that I'm eager to see new ways I can view the world, understanding where clients are coming from and having compassion for them in 'their' world. And even as I struggle at points, to believe what my client believes, or how clients view and understand the world, it's my job to privilege their view and incorporate that into their counselling, with as much compassion, understanding and interest as I can muster.

(Reflective Memo, 20/12/19-01)

This moving reflection helped me to see that, though I had this belief dissonance with a client, I could hold that tension within myself while privileging the client's worldview (with compassion, understanding, and interest), which might allow me to work constructively with someone with contrasting beliefs.

Theme 2: New Frontier: Broaching

This theme explores new skills and techniques that I am acquiring through my exploration of broaching. I recognised that, in moving from the role of chaplain to the role of counsellor, broaching was a new frontier; it is a growing edge of learning for me:

For me who is very used to talking about spiritual things, I am still coming to terms with what this looks like in a different setting (counselling not chaplaincy). I have erred against R/S broaching (I recognise I may have been avoidant of discussing spiritual things within counselling), I recognise now, for fear of being unethical and pushing 'my' agenda...

Spirituality, unlike race issues ... is not usually obvious when a client walks into a room, their spirituality is not plastered across their forehead, so broaching early as Day-Vines suggests for white counsellors working with clients (who look different visually due to race)... is seen to be useful for rapport building etc, [but this] may not be the case at all (with spirituality).

Noting how counsellors of 'colour' (the term used by Day-Vines) are very aware of the timing issue when they broach, I think this may be key for me as well, although my research proposes to broach early! We will see how this goes ... I thought it was wonderful to read of the skill and complexity that these counsellors used to broach, for those in the super skilful zone!

(Reflective Memo, 7/11/19-01)

This reflection, written prior to my research sessions, underscored this growing frontier of learning, which was stimulated by my exploration of broaching literature. I was seeking to grasp the complexity of issues that may be relevant in order to integrate R/S in ethical and therapeutically beneficial ways for clients.

As there was so little literature about 'spiritual' broaching, I felt I was exploring a new frontier. This memo highlighted a complex broaching issue: timing – when to broach an issue in order to not strain the alliance. Due to an obvious contrast between racial and spiritual broaching (namely, that the client's spirituality is not usually obvious when they walk in the room, whereas one's race is usually more visually obvious), I reflexively feared the client may feel 'forced' to discuss R/S too early, when the therapeutic alliance is not yet strong. I noticed that this became an issue with Kauri (as discussed in Chapter Four);

broaching may have placed a strain on the therapeutic alliance, which I needed to manage. I discovered a need to keep a primary focus on developing a strong alliance through the sessions.

Sub-theme: Broaching- A Useful Tool

This sub-theme illustrates the integration of this new skill within my counselling, as well as ways in which I may continue to integrate this skill. Conducting my research concurrent with my counselling practice meant that my learning was being integrated as I worked with clients. Counselling a client who self-identified as homosexual, I recognised the potential efficacy of raising this aspect of his identity (broaching) within the session:

I thought in this second session with a (non-research) client ... I was aware of the salience of the issues of sexuality to the client ... I thought broaching his sexuality may be of benefit therapeutically for the client, so I broached the issue of his sexuality...

I recognised this was a broaching opportunity and recalled some of the factors highlighted in Bayne & Branco (2018), the potential usefulness for the client therapeutically, the importance of timing with enough alliance as the key factor for me to assess, not broaching superficially or for my benefit but to seek to engage aspects related to multiple domains of his life: intra-sexual/cultural issues and inter-individual aspects of his identity? And ... it surprised him, I think, in a good way...

(Reflective Memo, 8/11/19-01)

This was an example of research impacting other areas of my counselling practice, with the skill of broaching being used to broach sexuality issues that I regarded as potentially therapeutic for the client – and the client expressed that he found this very supportive. I have found that broaching, as a discrete skill, has been useful with a range of issues with clients.

Even though I had concerns enquiring about analysing clients' R/S in counselling with a scale, I acknowledged that it felt easier to broach R/S through the use of my R/S well-being scale: "For me broaching was easier, having a scale. Though it meant I broached/introduced the concept earlier than I might normally (discuss spiritual things)" (Reflective Memo, 14/11/19-01). I found my self-constructed broaching tool to be useful

with Kauri; even though she had little interest in R/S in session 1, she felt comfortable enough to raise her new interest in session 2.

Subsequent to my research, I can see that there may be times when it could be useful to create a R/S scale to discuss R/S well-being with clients. I do not plan to use a R/S scale with all my clients, but will have my “ears” ready, listening carefully to each client’s language and being ready to employ my R/S scale if clients seem to be using spiritual language, or if they self-identify as spiritual or religious during counselling. While listening carefully to the language of the client, I will also be paying careful attention to the therapeutic alliance, attending to any non-verbal signs that might show tension or strain in the counselling.

Theme 3: Proactive Engagement

Working with an indigenous participant in my research meant that many of my reflective memos and subsequent codes related to colonisation, power, privilege, and knowing, particularly with reference to the client’s Māori heritage and my ‘white’ (non-Māori) background. The theme of proactive engagement highlights the way in which these reflections influenced my counselling practice, guiding me to introduce more Māori language, such as greetings, words, and phrases. These reflections also helped me to consider culturally sensitive changes to my counselling environment, such as offering the ORS scale to the client in te reo Māori⁴ (which the client declined to use).

This theme is further illustrated in the following excerpt, which highlights my recognition of the need to be proactive in order to overcome my deficient knowledge of Māori spirituality:

I didn’t broach about her family’s spirituality, I think I was fearful, I’m not sure what I was fearful of, the fact that she is of Māori descent, and I don’t know a whole lot about Māori spirituality, I know about Māori theories of well-being and that inclusivity of spirituality is often vitally important for most Māori...

⁴ The indigenous language of Māori people.

Action – I think I need to do some research about core Māori spiritual beliefs to develop my ability to dialogue and co-construct a conversation with Kauri in our next session, or just so I develop an increased knowledge base of these beliefs...

This has become an area that I recognise may prove to be detrimental to my client if I don't broaden my understanding of concepts she is familiar with or has heard growing up.

(Reflective Memo, 19/11/19-03)

In this excerpt, I express my desire to ask about her family's spirituality (in the second session), but I was fearful of doing so due to a limited understanding of Māori spiritual beliefs. I recognised this limitation and subsequently undertook some research on Māori spirituality in preparation for my next counselling session. Cashwell and Scott Young (2011) note the need to be proactive as a counsellor, and to research client worldviews rather than expecting the client to educate me.

But my research into Māori spirituality (seeking to become competent with broaching Māori spirituality) was not utilised with this client, as she expressed her newly minted interest in other spirituality; I simply followed her lead. Yet this research helped me consider the important role of being proactive as a counsellor, working with a client's R/S beliefs to engage meaningfully with them.

Sub-theme: Journey with Reconciliation

This sub-theme expresses some of my proactive journey of growth and my engagement with my own cultural identity. My client-participant was a 19-year-old Māori woman. I accepted that there were significant differences between my client and me – a 'white', non-Māori (Pakeha), Australian-born, older woman – in the counselling room. During this research, I had an emotive experience as part of the 2019 Australasian Solution-Focused Conference in Christchurch. This experience happened literally between counselling sessions two and three with Kauri. As part of this conference, we spent a half-day at the spectacular Rapaki Marae, a tribal meeting place nestled above the emerald waters of an extinct volcano at Lyttleton. This proved a momentous occasion:

A Māori woman ... spoke of the colonisation of New Zealand, and that, in a very gracious way, a way that spoke of healing and hope for the future. And it moved me to tears, a few times...

[She] suggested that we wash our hands in the water that was ever-flowing over this beautiful piece of Pounamou – greenstone.

We washed our hands together and connected. I'm not sure of the significance of this ritual, but this connectivity with a wider Māori community, and a wider solution-focused community inspires me to perhaps connect in ways that I haven't before.

(Reflective Memo, 23/11/19-02)

This wider connection with a local Māori community, with one prominent member of this community speaking about colonisation in a gracious manner, was very healing for me as a white, colonising woman. One cultural supervisor, Karaitiana Tickell (personal communication, April 16, 2020) explained some of the significance of this act of washing. He explained that the pounamu is a precious green stone reputed to have healing properties. The fresh water flows endlessly over this stone. Tears often show our grief. Therefore, washing our hands with water over the healing stone “washes away what was, and brings it to what is”. It symbolised a physical and spiritual cleansing, a healing that connected me, that reconciled me.

Sub-theme: Colonising Influences

The previous sub-theme of ‘journey with reconciliation’ and this sub-theme, ‘colonising influences’, moved me to consider the role of broaching R/S in general with Māori clients, and to muse with reflexive self-awareness on the colonising influences that I bring to my counselling.

Alright, so reflection on colonialism and being a white girl – pakeha, in fact, an Australian living under the long white cloud – Aotearoa, and on the whenua – land.

So for me, I've been particularly struck by my work with Kauri. It's been a real struggle for me to broach spirituality with her. This has not been the case working with other Māori clients, I have had I think 13% Māori clients, but spirituality has rarely come up at all in that work. Here though I'm purposely broaching and I found it hard with her. Perhaps, this is because of the journey that brought me to these islands. A journey, similar to the white

missionaries back in the late 1800s, that involved bringing a message, which some may say is colonising...

But for me, now working in counselling, it's part of the reason why I'm even doing this research, why I have an interest in spirituality in the counselling room is because of my work as a Christian missionary for the last 19 years in New Zealand.

Particularly, not just the discussion, but an engagement and attempt to persuade people to look at Christianity, to investigate Jesus.

And I've noticed and been aware of the difference between these two roles right from when I've gone into this master of counselling program. This missionary role is something that conflicts with counselling and is a very different role to counselling. This point of difference has been evident to me from the beginning, that there's no room for persuasion on spiritual beliefs in counselling.

(Reflective Memo, 30/11/19-01)

I can see the ethical differences between these similar yet contrasting roles of missionary and counsellor in dealing with clients' R/S beliefs, yet I note other significant influences that shape me as a counsellor. My 19 years of missionary work years was such a significant factor. An unsurprising aspect of my research has been exploring how that missionary work has sparked my interest in undertaking this research, to explore integrating diverse R/S with SFBT counselling.

But the surprising element in my research was how difficult I found it to broach R/S issues with this client, as it raised all these colonising 'charges'. I don't believe that the client would have been aware any of these issues that were troubling me, but I found this an incredible struggle:

I'm not too sure that I have expressed well the struggles I am finding with this 'colonising charge' that I feel is laid against me as a white woman in Aotearoa. It is complicated too, that I struggled in Australia with being an 'invader', a privileged white woman, educated and raised in an urban city in a middle-class way that had almost wiped out the traditional owners of the land...

This 'white guilt' at points has been very disempowering to me, and I think I have carried this guilt of 'white privilege' to these shores too, where there is another very different story of colonisation, but it's a story with very similar themes.

For me, counselling a young Māori girl, who has a Māori mother and pakeha father, who rates her family extremely highly as a strength and resource for her, I find it hard to dialogue with her about her being Māori and what it means to her in a meaningful way ... How do I build a (therapeutic) relationship with her that is not broaching in the avoidant sense?

It has not seemed that there is a real salience to her with her Māori upbringing, but maybe I'm not hearing it as my guilt is shouting at me louder than her gentle words in the counselling room.

(Reflective Memo, 3/12/19-01)

This memo discusses what I call my 'white guilt', a guilt around being privileged by the colour of my skin, which has brought me many benefits – education, power, and class. Yet when meeting with indigenous people who have faced white colonisation, I feel disempowered and guilty. The marae visit between research sessions raised this pervasive sense of white guilt; in fact, it felt as though it crowded out dialogue with Kauri regarding potential Māori spiritual influences or ways in which her cultural identity may be affecting her life.

I found this reflexive practice was both helpful for me to develop counsellor self-awareness (Robertson & Young, 2011), and to become aware of subjective perceptions of power and inequality that may be influencing my counselling practice (Dallos & Stedmon, 2009). It was clear that there were many intersectional identities impacting me and the counselling relationship (Peters, 2017). Grasping a reflexive awareness helps adhere to the S-F principle, "Am I 'being helpful for the client'?" (Hanton, 2011, p. 116)

Theme 4: Collaborative Partnership

The theme of collaborative partnership highlights two core (and what I now identify as central) assumptions in my counselling practice. Firstly, I am deeply convinced of the importance of client-led counselling. The client is the expert on his or her life, so as counsellor I must follow their lead, their goals, and their direction in the counselling session. One research participant expressed this by describing himself as "steering the rudder".

Secondly, this collaborative partnership is expressed through listening carefully to the language of the client to listen-select-build future talk with the client.

This excerpt highlights these core assumptions:

It's just working with where clients are at, being present and in the 'now' with them in the room, 'in the now, in the present', this is very important, and not letting my agenda, or what I consider to be important to be driving that session.

This is paramount for good ethical practice, that is working with the client recognising they are the expert in their life, and the client will be raising really salient issues for them, and listening for the language of the client and being informed by that and you're offering back curiosities about, is this helpful, is this where we're wanting to go? How are we finding things?

(Reflective Memo, 26/11/19-02)

This collaborative partnership led by the client was vital as I sought to integrate each client's R/S beliefs in counselling. Whether I used a R/S scale or not, remaining informed by the client's language means that the salient issues for the client remained central, and I can broach those issues accordingly.

The issue of how counsellors lead with listen-select-build, or 'reframing', was another area that brought tension to the client-led direction proposed. I addressed this in the following reflection:

I think in counselling there's a lot of beliefs (assumptions) that are held implicit or explicit in our practice, some of these come from our approaches, others from us, or cereal boxes or soap boxes even, and we actually do persuade clients, and even perhaps hypnotise clients of the rightness of our (counselling) beliefs and how it should be their beliefs as well...

But for me, I think there is a degree that we're working with people towards healthy relationships and healthy well-being and that is very much for me putting the ball in their court, and seeing where they want to go or, like Dark Knight said it's him "steering the rudder" [of his ship], and I added with me perhaps on deck, pointing out landmarks and noting potential difficulties ahead, or just dialoguing with him as he drives. It is not directing and not colonising others of my views, it is not prioritising my views over their views. But in fact, empowering clients...

And for me in the counselling room. I really seek to have a collaborative, equal-power partnership. I co-construct the sessions, where I offer things tentatively, I use

tentative curiosity and work with that tentative curiosity with clients. It is when we re-frame clients statements from being problem-focused to being strength or future direction focused, this does point people in a possible direction, but it's really valuing what's important to the client.

And so even though at points I am reframing things, highlighting strengths and positives. I don't see that as a colonising work, so much as a way of highlighting the good.

(Reflective Memo, 30/11/19-01)

This reflection highlighted several important points. Firstly, there is an ethical dilemma: does reframing, using the listen-select-build technique that re-shapes clients' words in a particular 'healthy' direction, 'colonise' or force a direction upon a client? Or is tentatively working with clients' salient issues an important counter-steer to counsellor reframing/ colonising, so that clients feel (and know) that they are steering and leading (rather than being colonised in) the sessions? Perhaps this tension is resolved by a collaborative, client-led, counselling alliance.

In the literature review, I have discussed the fact that there is no 'neutral' counselling theory (Bergin, 1980). Yet Insoo Kim Berg suggests that we should 'leave no footprint behind' in counselling (cited in, Shennan & Iveson, 2012). I would humbly propose that this tentative curiosity about the clients' hopes for counselling and their preferred future helps us to be led by the client in a more egalitarian, collaborative manner, as suggested by Froerer and Connie (2016); Lipchik (2017); Thomas (2016).

Sub-theme: Robust Alliance

Collaborative partnership naturally fits with this next sub-theme, robust alliance, which notes an accumulation of learning from my research that has influenced my counselling practice in innumerable ways. My reflexive memos note my developing self-awareness, which I used therapeutically to build a client-led, robust, strong therapeutic alliance:

This is research on my ongoing practice, it's not just these three sessions and then packing it up in a suitcase and putting it in the cupboard, but it is ongoing learning for me and reflecting:

How am I wanting to do things differently?

How do I keep the clients' needs paramount?

How do I have an awareness of my beliefs, and self-awareness of what's happening for me in relation to my spiritual beliefs?

And how they might contrast with the client's beliefs, or the discomfort I might feel, but have a willingness to process that, and reflect on it proficiently?

This is a really important and key part of my ongoing practice, developing skills that are going to be really helpful for the client...

This greater self-awareness of me, of the client, of what's working for them, of what I might be doing that isn't working so well for the client...

This isn't just cerebral, it's holistic ... And I think that's part of the journey, part of this not just being "cerebral therapy" for the client, not being a little robot in the room that's downloading solution-focused questions, but this is a real therapeutic relationship ... providing an environment where the client can be held as precious and very sacred, a sort of space in the therapeutic relationship and caring for them, as well as being aware of what's happening for me...

(Reflective Memo, 26/11/19-03)

This was a particularly influential memo for synthesising much of what I was learning at a mid-point in my research sessions (with 5 of 12 sessions completed). It highlighted the importance of dove-tailing self-awareness of my beliefs with prioritising clients' needs and developing a strong, robust therapeutic alliance where the client is treasured (not solution-forced; cf. (Nylund & Corsiglia, 1994) and where I as counsellor have not become a solution-focused robot to the detriment of the client.

Sub-theme: Flexibly Engage

My final sub-theme is illustrated through an excerpt from a striking final reflection for action, written after completion of 11 of the 12 counselling sessions. It reflects on the changeability I had experienced in integrating clients' beliefs:

I think there's still some dilemmas to my practice as to the best way to incorporate a client's beliefs in sessions in ways that are helpful to them for counselling. But I suppose this is just a learning process...

I think one of the surprising things is that I keep getting surprised. Every session can be different with a client in normal counselling, and I think it surprises me that people's beliefs really fluctuate a lot more than I probably anticipated. And that's frustrating really. It's hard because I can't have any set formulas.

Even broaching issues, well that's certainly a helpful skill that I'm developing competency in, spiritually and racially and with sexuality, but this incorporation of spirituality is a process, and so varied in relation to spirituality and religious issues for every client, and even between sessions there can be great variation in peoples' well-being spiritually.

(Reflective Memo, 16/12/19-04)

This excerpt notes that, just as clients in counselling vary from week to week, so too each of my clients had shown that their beliefs could change from week to week, which made R/S integration much more complex. I saw the need to develop flexibility in order to engage meaningfully with clients, and this final reflection synthesised much of my learning from my research question: "How do I broach and integrate a R/S orientation with a S-F counselling practice?"

In a sense, it's a bit of an adventure trying to navigate counselling with people's beliefs involved in the session. It's a bit like sailing over a sea, an open sea, that is changeable.

Some days you can read signs on the water that it's stormy, with wind blowing up the sea, making it choppy, causing waves and difficulties. And there can be swells, currents and tides that really affect a lot of things, in ways that we can't see.

And I think for clients it's the same. Their lives can be very changeable and even stormy, with new stormfronts coming from day to day from week to week. Seen by their slump in the chair, no eye contact, an angry or humiliated demeanour, the disappointed tone and set of their face, and the sad, broken eyes of our clients ...

Other days, the sea is spectacular, a mirror of calm. Picture perfect with the sun twinkling off the deep blue. Where the course is readily set and progress is seen by the wake, as we turn to look briefly behind us.

Yet I think, I would really like a set formula, a step-by-step blueprint on how to be the most helpful for clients in including R/S in counselling, both for their good and also for mine, as I think it's hard to gauge how I make progress, and how useful it is.

Though deep down, it seems there is no blueprint for this.

An openness to broach the issue, to gauge the interest and usefulness as we go, might be the best compass we can have.

Where I'm aware each day may be different, even with the same client, and together we plot the direction and means for the course for that day.

(Reflective Memo, 16/12/19-04)

This reflection laid out the challenge and some very important strains that I discovered in answering my research question. Ideally, I longed for a step-by-step blueprint to include clients' R/S beliefs in the counselling room. Perhaps the use of the R/S scale was my best hope for such a 'silver bullet'. But I struggled with the realisation that using a R/S scale with every client may be too robotic, too forced, and not responsive enough to individual clients. It lacked the nuances I desired.

Yet there is a note of confidence in this excerpt, a hope that integration of clients' R/S in counselling is an adventure, both changeable (from week to week with some clients) and dangerous (to the alliance, at least potentially). But counsellors can develop self-awareness and skills to discuss these complex matters (broach). We can also incorporate careful use of listen-select-build to set the course of counselling with the client steering the session (client-led).

This is only possible if I, as the counsellor, hold an openness, an inclusivity to give clients permission to bring their precious spirituality into the counselling room. This openness to broach R/S issues, or any other areas salient to the client (such as sexuality, wealth and privilege, race, culture, disability, or gender), seems to me both ethical and fundamental. With the client leading the way, it is possible to incorporate what might otherwise become 'unspeakable' or marginalised issues that would be 'shut out' (not welcomed into) the counselling room.

My resolve post-research is for a more nuanced, language-based approach to inclusivity of clients' spirituality – an approach that holds an openness to broach R/S (and other salient issues) as a compass that can be useful for clients within counselling.

Chapter Six – Discussion

Throughout this research project, I have undertaken a thorough exploration to answer my research question: *“How do I broach and integrate a R/S orientation with a S-F counselling practice?”*. This final chapter discusses the implications of my findings relative to pre-existing research and theories within my chosen area. Firstly, I will consider the broad approach I used to conduct my research. Secondly, I will outline in Table 4 the key findings I found for an inclusive R/S and S-F approach. I will then review the ways in which these assumptions and techniques either helped or hindered broaching and integration of R/S within my practice.

In the fourth section of this chapter, I will deliberate on the implications of my findings as they relate to counsellor preparation for broaching and integrating R/S. In the final major section, I assess research limitations and future research opportunities in this important field, before concluding with a summary of my research.

Religious Constructivist Approach

My research confirms that broaching R/S from a religious constructivist perspective privileged and welcomed client beliefs into their counselling. This constructivist approach was demonstrated in a number of ways throughout my research sessions: for example, my normalisation of diverse beliefs, my acceptance of salient and problematic R/S beliefs, and my careful use of the R/S well-being scale. Throughout my work with Kauri, I sought to reassure her that her beliefs were welcome in both the counselling and the research. This normalisation of spiritual diversity was a recurrent element of our sessions, both in broaching and in integrating client beliefs. At times this helped the client to overcome ‘roadblocks’ in her future talk and enhanced the spiritual agency of the client. I also found the use of minimal encouragers during spiritual talk - such as “okay”, “right” and “mmhm” – led to further spiritual talk and suggested I was affirming the client’s beliefs.

My findings suggest that use of the R/S scale may have stirred the client’s interest in R/S, and may also have helped the client develop a feeling of safety, enabling her to bring

her tentative spiritual interests into the counselling session, knowing that they would be welcomed. As discussed earlier, the client initially expressed low interest in integration in the broaching session, but displayed a new spiritual interest in the second session, which led me to adapt my approach and integrate her interests within counselling. My research suggests that my approach of welcoming client beliefs meant that neither client nor counsellor were required to leave their spirituality outside counselling.

This was a significant finding because, as a Christian positivist, I initially wondered whether this religious constructivist approach may force me to leave my beliefs at the counselling door. But my research supports the notion that a religious constructivist approach rightly privileges client beliefs and worldview within counselling, while still allowing me the freedom to embrace my beliefs, even when my beliefs contrast with those of the client. My research developed a unique project that showed the religious constructivist approach was useful in exploring clients' orienting systems from a client-centred and client-led approach, as proposed by Pargament (2007).

By broaching R/S (with the R/S well-being and usefulness scale) and responsively following the client's lead within each session, I was able to integrate R/S aspects salient to the client within her counselling. The client's nuanced use of the R/S helpfulness scale in each session suggests that she had a clear understanding of what she found useful in relation to integrating her R/S within sessions. The higher score in the integrated second session suggests that including her spirituality within counselling was becoming more helpful as we progressed. My research breaks new ground with the use of this R/S helpfulness scale (that aimed to privilege and welcome client R/S beliefs within counselling) and supports (Kelly & Maynard, 2014). My research from this religious constructivist perspective may be seen as a demonstration of what Guterman and Leite (2006, p. 49) propose that religion or spirituality be used as a lens to work with clients from their worldview.

Assumptions – Approaches for Broaching and Integrating R/S

Within my research, broaching and the subsequent integration of R/S and SFBT involved a complex combination of approaches: an inclusive approach to client and counsellor R/S; a client-led approach (amplifying the agency of the client); a collaborative approach (using tentative language), and prioritising the therapeutic alliance. My research used microanalysis to track the process of what happens in counselling sessions, and thematic analysis of counsellor reflections to generate these findings. My summary of findings in Table 4, identify the inclusive and S-F (or general) counselling assumptions and techniques (that were helpful or unhelpful) to integrate client beliefs in counselling. To my knowledge, microanalysis of integration of client R/S beliefs has not been demonstrated in any S-F research.

Table 4

Assumptions/Approaches & Techniques used to Integrate R/S & SFBT

Counsellor assumptions/ approaches	Techniques demonstrated
<u>An inclusive approach</u> - to client R/S <i>"Your beliefs are welcome"</i>	<ul style="list-style-type: none"> ○ Normalise diversity of client beliefs: "People believe in many things" ○ Reassure client their R/S beliefs (or anti-beliefs) were welcome ○ Use of minimal encouragers as clients do 'spiritual talk' (affirms client beliefs): "ah, hmm, yes, right, okay" ○ Affirm client agency with their spiritual beliefs: "You can choose what you believe; it's your choice what you believe" ○ Use of R/S well-being scale to broach R/S with the client ○ Tentatively ask client whether they would like to include their R/S beliefs in counselling ○ Acknowledge when R/S has been problematic and following client lead as to whether they choose to include or exclude this in counselling ○ Responsive to client's changing R/S beliefs and desire for integration within counselling ○ Spiritual humility: offer a non-expert R/S stance that offers a smorgasbord of beliefs and doesn't label beliefs ○ Use client R/S language and note possible R/S themes <p><i>Unhelpful technique:</i></p> <ul style="list-style-type: none"> - Asking client, "How important are your beliefs to you?"

<p><u>An inclusive approach</u></p> <p>- to counsellor R/S</p> <p><i>“Where am I coming from?”</i></p>	<p><i>Techniques related to counsellor R/S awareness:</i></p> <ul style="list-style-type: none"> ○ Assess my R/S knowledge deficiency regarding client beliefs and be proactive; research client beliefs to enable meaningful dialogue ○ Self-awareness of my discomfort or ease with R/S discourse with the client ○ Assess whether the client is outside of my ‘zone of toleration’; refer to another counsellor if required
<p><u>S-F Approach</u></p> <p>- Client-led approach (the client is the expert on their life)</p> <p><i>“You’re the boss; where do you want to go?”</i></p>	<ul style="list-style-type: none"> ○ Amplify client agency: “you know what’s best; you’re the expert on <i>your</i> life” ○ Use listen-select-build to help client co-construct in line with their future-solution talk ○ Follow the client’s lead ○ Amplify client resources, skills, and strengths (including R/S) <p><i>Unhelpful technique:</i></p> <ul style="list-style-type: none"> - Counsellor leads the session, promote my ideas of solutions for the client
<p><u>S-F Approach</u></p> <p>- Collaborative counsellor stance</p> <p><i>“So you’re saying...?”</i></p>	<ul style="list-style-type: none"> ○ Use tentative, hedging language: “is that sort of ... umm, might that” ○ Listen with “big ears” to the client’s specific language ○ Use listen-select-build to help client build their future-solution talk ○ Echo or mirror client words and phrases in questions and in summaries <p><i>Other helpful general counselling techniques</i></p> <ul style="list-style-type: none"> ○ Use of the client’s own internal frame of reference: “so you’re saying ‘I’m not so sure about this?’” ○ Awareness of potential power inequalities (with relation to race, culture, gender, or age) ○ Seek an approach that integrates intersectional aspects of client
<p><u>S-F Approach</u></p> <p>- Prioritise therapeutic alliance</p> <p><i>“So how do you think we are going?”</i></p>	<ul style="list-style-type: none"> ○ Consider the timing of R/S discussions (broaching) to ensure robust alliance ○ Attend to the non-verbal language of the client, and seek to redress non-attunement of counsellor and possible strains or ruptures to the alliance ○ Careful awareness of counsellor voice volume: using a gentler, quieter tone of voice at more ‘difficult’ moments ○ Responsive use of the SRS and ORS to value client’s view of the alliance and change

An Inclusive Approach to: Client R/S

Pargament (2007) proposed that spiritually sensitive counselling is based on the assumption that “spirituality is a vital dimension in the lives of many clients” (p. 176). I adopted a similar assumption in my research – namely, that many clients regard their R/S as a potential source of strength and coping; therefore, given the opportunity, they may choose to include their beliefs within the counselling setting. At the same time, I recognised that R/S may be problematic for some clients. As far as I am aware from an extensive literature search, my project seems to be the only research that specifically explores broaching and integrating R/S within a S-F counselling practice.

My research, which developed a R/S well-being scale, invited clients to consider their spiritual well-being. My findings indicate that broaching R/S well-being with a scale (as a way of co-constructing how clients view their R/S well-being) seemed meaningful to this client. The self-devised R/S well-being scale showed a marginal increase from session one to session two. This suggests that the client noticed some change in her spiritual well-being, which may be due to our discussions within counselling.

My research also shows that the question regarding the salience of client R/S was not useful in attempting to gauge the importance of client R/S beliefs when there is low interest in R/S. During session one, I asked a specific question about the importance of the client’s R/S beliefs: “So, you sort of have some, sort of spirituality that’s sort of there, and um, is that, how important is that to you, do you think, would you say? That bit of spirituality that’s there?” But this question did not produce a direct answer. Rather, she detailed her R/S beliefs: “I don’t really believe in God ... I don’t think there’s a heaven, but, I hope, good people go, somewhere”. So though I recognised in my findings that she experienced low R/S salience in session 1. Notably, in the second session, when the client saw the R/S scale she leapt into a discussion on her new spiritual interest. Indeed it seems that the R/S scale prompted her ability to express this newfound interest.

Research shows that clients who rate their R/S as a “salient part of their identity hope that the therapist will integrate their values and beliefs” (Captari et al., 2018, p. 1949; Vieten et al., 2013). While my research sought to integrate client beliefs, techniques other

than asking the client directly may be needed to ascertain the R/S salience for clients with low interest in the subject. It does seem that the use of a R/S scale may be a useful tool that can welcome client beliefs within counselling.

Furthermore, my findings point to the complexity of including client R/S beliefs within counselling. Asking the client tentatively whether they would like to include their R/S beliefs in counselling produced a complicated response (as shown throughout Chapter Four). In the face of this complexity, I deployed a range of techniques to integrate client beliefs and to develop my self-awareness within counselling. These techniques are listed in Table 4 (below).

My research with Kauri showed that minimal encouragers and normalisation of spiritual diversity were useful techniques to help the client bring her developing beliefs into counselling, where they would be valued. Other inclusive R/S techniques were used to reassure the client that her R/S beliefs (or anti-beliefs) were welcome, to affirm client R/S agency (that she can choose her beliefs, such as “do you think that for you ... some of that spiritual stuff that you think about sometimes ... some of that might be useful for you to bring into counselling a little? ... What’s your take, or do you think actually, ‘I’m not sure that’s going to be much use?’”), and to acknowledge when R/S has been problematic (and subsequently following the client’s lead as to whether she wished to include these topics in counselling). I was also responsive to the client’s changing R/S beliefs and her growing desire for integration within counselling, and I maintained an attitude of spiritual humility that presented a non-expert R/S stance, offering a smorgasbord of R/S beliefs and declining to categorise or label the client’s beliefs. I also included the client’s R/S language within our session (to welcome her beliefs) and developed an awareness of possible R/S themes the participants used. The list of techniques demonstrated in my research concur with some skills listed within the communication, assessment and diagnosis and treatment categories of the ASERVIC competencies (Robertson & Young, 2011; where counsellors respond to clients R/S communication with acceptance and sensitivity, seek to understand the client’s R/S perspective through varied means, and integrate and modify techniques appropriate

and acceptable to the client), though these techniques have not been previously demonstrated through microanalysis.

An Inclusive Approach to: Counsellor R/S

My research highlights my personal interest in spirituality that motivated this research project, as well as some of the personal discomfort and alienation I found in discussing spirituality in an academic setting. My exploration concurs with recent research within New Zealand (Florence et al., 2019) and replicates what has been found elsewhere – namely, that therapists' inclusion of R/S within counselling depends on the importance of R/S in their own life (Cummings et al., 2014).

My reflexive work within my research helped my practice as a counsellor in numerous ways. For example, I self-assessed my deficient knowledge of client beliefs and my need to be proactive in researching client R/S beliefs, I became aware of my discomfort around R/S discourse with the client, and I carefully assessed whether the client was outside of my 'zone of toleration'. As highlighted in my methodology (chapter three), my personal exploration of R/S competencies and my literature review helped me to explore some beliefs and practices different to my own, which ultimately enabled me to engage with clients' contrasting beliefs in my counselling practice. Moreover, my research helped me to recognise the threefold ethical tension of being: a Christian with beliefs that are potentially contrary to those of my client; a counsellor who is seeking to be authentic; and a practitioner who privileges the client's worldview with compassion, understanding, and interest. Though I broached specifically about R/S (rather than about racial or cultural areas), my findings concur with Bayne and Branco (2018), who found that discomfort negatively impacts counsellors' broaching of racial issues. In the end, my research reduced my discomfort about broaching R/S by providing me with tools that will enable me to raise this important subject in sensitive, appropriate, effective ways. This research enabled me firstly to recognise when my R/S discomfort is out of my zone of toleration (and requiring referral of the client to another counsellor) and secondly to use my reflective practice as a wonderful

tool I can deploy (to both process any discomfort and/or consider the most helpful approaches-techniques that may benefit the therapeutic alliance).

Avoidance or forcing discussion of sensitive issues due to counsellor bias may be unethical, and undoubtedly does a disservice to our clients. Within New Zealand, religion and spirituality can be one such shunned issue, despite statistics (see chapter 2) that posit 65% of New Zealanders may have some religious or spiritual beliefs, with one in five people actively practising their R/S beliefs (McCrindle, 2018; Stats NZ, 2018). It is noteworthy that the NZAC Code of Ethics (New Zealand Association of Counsellors, 2016) provides a non-discriminatory call about spiritual beliefs and values, stating that they are not to be discriminated against. This compels me as a counsellor to work with, care about, and respect individual differences and diversity. Could we posit that our Code of Ethics seems to eschew the idea that client (or counsellor) R/S beliefs may be a strength, or resource for an individual?

My reflexive work in my research is consonant with Pargament (2007), who states the importance of four professional qualities that a therapist requires to ensure an integrated (not avoidant) R/S approach: self-awareness; spiritual literacy; tolerance of spiritual diversity; and authenticity. Similarly, Robertson and Young (2011) and Bray (2016) propose four useful domains for integration of R/S beliefs within counselling: knowledge of spiritual phenomena; awareness of one's own spiritual perspective; understanding clients' spiritual perspectives; and spiritually related interventions and strategies (Bray, 2016, p. 23). I sought to integrate and practice all of these key areas within my research.

My research reinforced the importance of being pro-active in my learning and reflexive in my self-awareness when working with clients who hold varied R/S beliefs (cf. Robertson and Young (2011)). In particular, I was driven to undertake a proactive journey of growth and engagement with my own cultural identity (a middle-aged white woman, born and bred in Australia, but now having lived in Aotearoa New Zealand for two decades). It was important for me to develop an awareness of subjective perceptions of power and inequality that may influence my counselling practice. Similarly, my research made clear that there were many intersectional identities impacting my relationship with the client, as

Peters (2017) raises. Upholding this reflexive awareness helped me adhere to the S-F principle: is what I am doing “helpful for the client” Hanton (2011, p. 116)?

My research supports mainstream counselling practice that highlights the importance of a reflexive practitioner (Dallos & Stedmon, 2009; Jones-Smith, 2012), an awareness of how my frames of reference may influence the counselling relationship (Bager-Charleson, 2014), as well as the importance of reflexive awareness to develop the meanings of my qualitative research (Harrison et al., 2001; Taylor et al., 2016). My research is a unique study that demonstrates this reflexive practice as I broach and integrate R/S within my S-F counselling practice within New Zealand.

Key S-F Approaches: Being Client-Led

A second key approach in my project (which is also a fundamental S-F assumption, and which seemed very useful for the client) is that the client is the expert on their life – so the counsellor must follow the client’s lead and amplify client agency. My findings note that one participant expressed this client-lead by saying that he was “steering the rudder” (i.e. driving the session). My findings show examples of when I did and did not follow the client’s lead, and the impact on the counselling. For example, I followed the client’s lead and adapted the counselling to exclude R/S from counselling in session 1 (due to her identifying low R/S salience). Following the client lead meant that the client had agency to work on what she chose in her own life outside of counselling, and when she subsequently brought her new spiritual interest into the counselling room, I responsively switched to include her growing interest in R/S in session 2. This approach is consistent with De Jong and Berg (2013) and was demonstrated through microanalysis on SFBT by Tomori and Bavelas (2007), who noted the centrality of following the client’s lead to establish active engagement.

I found a highly useful technique for enabling a client-led approach was what De Jong and Berg (2013, p. 57) call “listen, select and build”. The use of listen-select-build (Bavelas et al., 2013; De Jong & Berg, 2013; Froerer & Connie, 2016) when broaching the issue of R/S seemed adaptable enough to include Kauri’s new interest in spirituality while detailing her preferred future and overlooking her disinterest in and her problems with

religion. My microanalysis demonstrated the importance of following the client's lead to support detailing her preferred future (solution-building) that was inclusive of her R/S beliefs. This was shown by this excerpt, I said: The idea of affirmations, some of it sounds a bit corny, you think 'maybe, I don't know' it sounds like to you, but maybe some of it might be like, maybe there might be something worthwhile in it? Kauri responded with: Yeah, maybe; which I took to mean that she had some interest in the integration of R/S in counselling. The opposite was demonstrated in my findings too, that me driving the 'solution', pointing the client to *my* idea of her preferred future (me suggesting a way to celebrate success) subsequently restricted the client's ability to drive the session. My microanalysis showed the client responded with "mm" or silence (in response to my laughter), when I took the lead in the session solution-building.

Another helpful technique that amplified agency of the client was my offer of two options to her regarding including or excluding her R/S in counselling, I said: and do you think that for you, that, that some of the sense of, some of that spiritual stuff that you think about sometimes, some of that might be useful for you to bring into counselling a little? Or, or, what's your take, or do you think, 'actually I'm not sure that's going to be much use. The client replied with: Mhmm...That's not what I'm not here for at all; which I understood as she had little interest in including her R/S in counselling, I responsively sought to affirm the client's view/lead/ agency and follow the client's lead with humour, laughing gently to lighten the mood: Yeah, Yeah. So, we can put a cross through that! [Drawing a line through the word 'religious' on the scale], 'cause that's not where you're at!. The client agreed with my statement. Though session 2 became another story.

These findings are consistent with Froerer and Connie (2016) who suggested that solution-building occurs with the client at the language level and expert SFBT practitioners regarded listen-select-build "a key component of solution-building" (p.32). The demonstration of R/S with S-F techniques (such as listen-select-build), or offering a choice of R/S integration within counselling (as a method to broach and integrate R/S) has not been explored through microanalysis in any S-F research.

Key S-F Approaches: Collaborative Counsellor Stance

My research demonstrates the importance of collaboration between the counsellor and client. This can often be called within S-F circles a “not-knowing” stance. This collaborative stance is revealed through the use of tentative counsellor language within my research. S-F practitioners call this “leading from one step behind” (De Jong & Berg, 2013; De Shazer et al., 2007; Walsh, 2010), a position which acknowledges that the client is the expert on themselves and their life, and shows that we as counsellors value their experiences and their self-knowledge by privileging the client’s views and their hopes for what they want from therapy (De Jong & Berg, 2013; Nelson, 2019; Thomas, 2016).

Yet do S-F therapists always hold a neutral, not-knowing posture? Tomori and Bavelas (2007) found that S-F therapists clearly re-shaped clients’ statements within a session (in order to be positive, as opposed to client-centred therapists who were primarily negative), which may imply to the client that the therapist has a “correct version of what” has been said (p. 41). Can we say that reframing positively is ‘not-knowing’, or is it an approach that guides the therapeutic process? Thomas (2007) notes that there does seem to be an “inherent contradiction” in maintaining a “not-knowing” posture. Similarly, Iveson (2005; cited in Thomas 2007) suggests that some of the techniques used by SFBT therapists (such as tasks, compliments, and the framework utilised for assessing clients) are not consistent with a ‘not-knowing’ stance. Likewise, Bergin (1980) landmark research posited that there is no ‘value-free’ psychotherapeutic approach. There is no ‘not-knowing’ stance; it is a misnomer.

I wonder whether more a meaningful description of the approach might come from Walsh (2010, p. 27), who suggests “that the therapist is not an omniscient expert but a facilitator to the client seeking change”, or from Nelson (2019), who says the therapist is the expert on S-F conversations, or perhaps from Lipchik (2017), who calls herself a “collaborating professional” (p. 207). My thematic analysis of counsellor memos generated the phrase “collaborative partnership” to describe this similar stance. Like Lipchik (2017), I note the importance of language in building this approach, particularly using tentative language to incorporate client R/S with SFBT. Therefore, while the essence of a not-knowing

stance – a reticence of counsellors to push their own views, while allowing the client to take the lead and building client agency – remains vitally important, counsellors need not abandon their own values. They simply need to be aware of those values and of how those values shape interactions with the client

The practice of ‘hedging’, or using tentative language, was used in my research to facilitate collaboration of client solution-talk that incorporated R/S (through phrases such as: For you, it’s more ... maybe some of it, might be like ... so meditation could be helpful? Maybe? ... So, maybe that’s something ... but is that something that you think, maybe it’s worth, giving a, a go?). Similarly, Rudes, Shilts, and Berg (1997, cited in Thomas, 2016, p. 32) suggest that tentative language relinquishes a “privileged position of power ... [and results in a] more egalitarian and conversational space for public supposing.” My research certainly supports the view that tentative language helps us to be led by the client in a more egalitarian, collaborative manner (as suggested by Lipchik, 2017, and Thomas, 2016), which is important in the process of integrating R/S with S-F, though only demonstrated in this small project.

Key S-F Approaches: Prioritise the Therapeutic Alliance

Prior to my research, I was aware of the importance of developing and maintaining a strong therapeutic alliance in order to obtain the best possible client outcome (Bachelor & Horvath, 1999; Lambert & Barley, 2001). This understanding was demonstrated and deepened during my research in two particular ways.

First, I sought a present, attuned counsellor therapeutic presence within the broaching and integration R/S sessions, as outlined by Colosimo and Pos (2015). This approach aligns with S-F therapists Turnell and Lipchik (1999), who outline the importance of a warm, positive, future-focused, empathic therapeutic alliance in S-F counselling. Second, I adopted the responsive use of my R/S well-being and helpfulness, and the PCOMS (partners for change outcome management systems, ORS, SRS) scales to obtain a client-informed assessment of change within the alliance. My inclusion of client informed

R/S scales and the ORS/SRS privileged both the clients' assessment of change and of the therapeutic alliance, as proposed by Gillaspy and Murphy (2012).

As noted in my research, by seeking to be attuned and responsive to the alliance, I was able to adapt the counselling to strengthen the alliance even while broaching R/S. This conscious prioritisation of strengthening the alliance can be seen in this excerpt (which occurred after Kauri asked a question about the nature of R/S): I changed the topic from a R/S discussion and endeavoured to further develop my rapport/ therapeutic alliance through discussing strengths in other areas of her life ... highlighting and amplifying strengths/resources through indirect and direct compliments and the listen-select-build technique.

Other findings suggest that there was a high level of attunement with Kauri throughout the integration session, brought about by the use of numerous techniques listed in table 4, and evidenced by sharing intersubjective moments (of genuine shared laughter). My findings support Lipchik (2017), who discusses the importance of intentionality for connectedness with the client, with counsellors seeking to establish and maintain a safe, supportive, empathic, non-judgmental relationship. My awareness of client non-verbal cues and mirroring and softening my voice volume seemed helpful for the client as I was broaching and integrating R/S.

My findings show regarding the therapeutic alliance and R/S broaching that my intent was to strengthen and not strain the alliance. Sperry (2010) and Day-Vines et al. (2013) similarly highlight the importance of building a strong therapeutic alliance to ensure there are no ruptures when broaching (on racial issues). At the end of the 2.5 minute broaching dialogue (where the client expressed low R/S salience) I recall thinking that the alliance may have been strained by the R/S broaching, and the client's SRS subsequently showed the broaching session was the lowest score. Since the client's assessment of change is regarded as a better indicator of outcomes than counsellor assessment (Bachelor & Horvath, 1999), I discussed the SRS (client feedback was incorporated into the next session as discussed in chapter five) and then considered numerous reasons for the difference in SRS score between the first and second sessions.

My findings show that the lower SRS score in session one alerted me to the fact that there was room for me to “do something different” (De Shazer et al., 2007) – to respond to client feedback, to ensure topics covered were consistent with the client’s desires, and to consider the overall method being used. I sought to follow Duncan and Miller (2008), who found that master therapists are “exceptionally alert” (p.62) to the risk of dropout or treatment failure, and therefore respond flexibly to negative client feedback, leading to better results. From the second integrated session the client ratings on the SRS scale showed a steady increase, which suggests a strengthening alliance (Duncan & Miller, 2008). The high score in the second session suggests that the client regarded the alliance as strongest in the R/S+S-F integrated session. The microanalysis of R/S broaching and integration has not been explored in relation to building therapeutic alliance, so this increase in SRS for the single integrated session may be a small measure of evidence for an evidence base for integrating R/S with a client using SFBT, though clearly there are limitations to this research (which will soon be discussed).

Similarly, client ORS scores improved during the course of counselling, concurrent with the integration of R/S within counselling. The increase in ORS scores (see Table 2) also demonstrated that the client assessed her life to be improving significantly during the course of counselling. Because integration of client spirituality was part of the counselling from session 2 onwards, I could infer that this approach was helpful for Kauri (in line with Durie’s 1994 indigenous Te Whare Tapa Wha model, which sees the inclusion of spirituality as one of four key elements of client well-being). There has only been data from one other S-F study (Pan et al., 2015), which showed a similar result (though it was conducted in Taiwan with grieving Taiwanese Christians using an integrated Christian-SFBT model), that client outcomes showed that integration of R/S was beneficial for S-F clients. Norcross and Wampold (2018) found comparable results from a meta-analysis on evidence-based responsiveness to adaptations of psychotherapy, where they found there were three demonstrably effective adaptation treatment methods (culture, therapy preferences and R/S) for clients who had these characteristics.

BROACHING: *To Broach or not to Broach R/S?*

As highlighted in chapter two, there has been considerable tension within psychology and psychotherapy about the inclusion of R/S within therapy, as well as considerable research showing the benefits of integrating beliefs (Bray, 2011; Captari et al., 2018; Koenig et al., 2012; Rosmarin et al., 2020; Toussaint et al., 2012). It is clear that opening the door to welcome clients' and counsellors' R/S within counselling is salient to people with strong R/S or marginalised beliefs (Beck, 1997; Eriksen et al., 2002; Esau, 1998; McVittie & Tiliopoulos, 2007; Mitchell & Baker, 2000; Polonyi et al., 2011). Yet analysis of broaching as a skill or technique for discussing difficult topics is a recent development, with this in mind, my research proposed broaching and integrating client R/S in a way that attended carefully to the client's own stated desires.

As noted in my literature review in chapter 2, few studies presently include broaching and integration of R/S (Bayne, 2016; Giordano, 2017; Moore-Thomas & Day-Vines, 2008; Schwarz & Roe, 2015) and few studies explore SFBT with integration of R/S (Crockett & Prosek, 2013; Gallagher, 2007; Guterman & Leite, 2006; Kelly & Maynard, 2014; Kollar, 1997; Pan et al., 2015; Thomas & Cockburn, 1998). None of the integrations of R/S with SFBT included microanalysis of the processes of R/S integration and its outcomes for the client.

It is difficult to say definitively whether the broaching literature influenced my research findings or whether my findings support the broaching research. To some extent, it would seem that both statements are accurate. My findings show, the client and I experienced a certain strain as a result of me raising R/S within our first session. As emphasised by Bayne and Branco (2018), I paid careful attention to the timing of R/S discussions and to the use of 'inclusive' techniques to foster positive integration of beliefs without rupturing the alliance. Similarly Sperry (2010), prompted increased reflexivity within the research to develop a healthy level of self-awareness, to enable me to redress potential ruptures or power inequalities – which was especially important in my case, as I was working with an indigenous client. I also acknowledged presenting issues for the client

and various intersectional social identities (such as race, gender, religion, and age for both myself and the client) that may affect counselling, in line with the work of Day-Vines et al. (2018); King and Borders (2019).

For some, the question may remain: what are the benefits and risks of broaching R/S? Doesn't this approach force the issue onto the client? I was mindful of these important questions throughout my research. Broaching R/S felt like I was exploring a new frontier. The scarcity of research on this topic (within both mainstream and S-F counselling settings), along with my personal assumption about the potential benefit of integrating R/S for some people, led me into this exploration of broaching and integration. I discovered that broaching is a discrete skill, and was demonstrated as useful for integrating R/S within S-F counselling.

My research shows that beneficial, client-informed outcomes are certainly possible through broaching R/S, paralleling the findings of Schwarz and Roe (2015), who showed that an avoidant approach to sexuality and religious issues proved unsatisfying for both students and counsellors. Further, my findings expand upon those of Moore-Thomas and Day-Vines (2008), whose integrated R/S approach with an African-American student was regarded as beneficial by the client's parents. Because my study asked explicitly for the client's own assessment of the benefit of integration (through the R/S helpfulness scale), the client's view of the counselling was given the place of privilege (where the client's rating increased from 4.9/10 in the broaching session, to 7.7/10 in the integrated session).

Strengths and Limitations of the Research

My research provides unique process and outcome data on the integration of spirituality with SFBT. Through microanalysis, this project closely explores what broaching and integrating R/S looks like at the micro-level. Based on my study of the literature, it appears that this has not been done before. As stated previously, this is the first study within S-F counselling to explore both outcomes and process for integration of non-Christian R/S beliefs, and with an indigenous Māori client living within New Zealand. My research also explores in some detail the personal reflexive thematic analysis of a Christian woman

counsellor exploring the broaching and integrating of R/S with a S-F approach, this has not been published on either according to my literature searches.

As this research has been based upon my practice during my Master's counselling internship, my hope is that clients (present and future) will be the beneficiaries of my reflexive awareness (the assumptions, approaches and techniques) learnt from this project. This project has given me more confidence, and has confirmed key assumptions that I now regard as invaluable to my integrated model of practice. I have also increased my skills in broaching salient issues with clients in my practice, and have moved along the broaching continuum (Day-Vines et al., 2013, heading towards the infused skill level where I have a greater awareness of the intersection between identity, interventions and empowerment). I have developed my competencies in integrating spirituality with S-F counselling, and am confident about its suitability to integrate R/S client beliefs through varied techniques (such as future talk, scaling, compliments, listen-select-build, amplify success, strength-resource-skill talk, and agency of the client).

While it has provided rich qualitative data, this research is necessarily limited in its findings due to its methodology: a discussion of microanalysis data from one client, and thematic analysis from one counsellor reflecting on her research and counselling practice. These findings are not generalisable to all clients across the age spectrum, nor to clients from other indigenous (or the same) indigenous populations. This client regards herself as a woman; she is young, descended from a Māori mother and European father; she lives in New Zealand, and seems to be in a changeable phase of her spiritual development. Furthermore, the counsellor reflections are unique to me as a female Christian counsellor within New Zealand (but of Australian origin).

But despite these contextual factors and limitations, there are aspects of my findings that will have direct, useful, and important implications for other counselling practitioners. I will present seven of these recommendations and implications.

Implications for Counselling Practitioners

First, counsellors should develop their skills and awareness around competencies that integrate client beliefs within counselling (such as the ASERVIC competencies in Robertson & Young, 2011). This could benefit counsellors' abilities to work with clients from different belief systems to their own, and will also develop increased reflexive awareness of deficiencies or biases from our R/S worldviews, leading to more meaningful dialogue with clients who are interested in integrating R/S within counselling. These recommendations are similar to techniques previously highlighted under 'an inclusive approach to counsellor R/S' (see Table 4).

Second, counsellors should broach and then integrate salient identity issues for the client (aspects that may affect both their presenting issues and their hopes for resolution of these issues) within counselling, broaching sensitively with an eye to building and maintaining (not straining or rupturing), a strong therapeutic alliance. Counsellors should be guided by client language to ascertain salient and intersectional aspects of client identity that they may wish to have included within counselling (for therapeutic benefit).

Third, counsellors should continue to work with indigenous models, such as the Te Whare Tapa Wha model within New Zealand, to value and engage with R/S client beliefs in a spirit of partnership.

Fourth, counsellors should consider trialling some of the 'inclusive' techniques identified within this project in order to welcome client beliefs in counselling (depending on the level of salience identified by clients). These inclusive techniques, listed in Table 4, include: normalise diversity of beliefs; reassure clients their beliefs (whatever they are) are welcome in counselling (if they choose to include them); use minimal encouragers to build 'spiritual talk'; affirm client R/S agency; ask whether clients choose to include their R/S within counselling; acknowledge when R/S issues or beliefs have been problematic (and subsequently follow client lead in relation to inclusion or exclusion from counselling); be responsive to clients' potentially changeable beliefs; offer a non-expert R/S stance; and include client R/S language appropriately.

Fifth, S-F counsellors who use a client-led approach (which recognises the client is the expert on their life) should build on this approach by amplifying client R/S and general agency, and by the use of listen-select-build (De Jong & Berg, 2013; Froerer & Connie, 2016). These techniques will work together to effectively integrate client R/S beliefs.

Sixth, S-F counsellors should utilise a collaborative counsellor stance, as highlighted by Lipchik (2017), and should continue to value tentative language as a way of including client words and presenting a non-expert stance.

Seventh, S-F counsellors should continue to attend to the importance of the therapeutic alliance through careful attunement (Colosimo & Pos, 2015), through cultivating connectedness (Lipchik, 2017) between the counsellor to the client, and through the responsive dialogical use of client-informed data (such as the ORS/SRS).

Future Research

Much scope remains for further research within the S-F community and within New Zealand on integrating client R/S beliefs within counselling. The use of microanalysis to confirm my findings and/ or other techniques and approaches useful to integration of R/S with S-F would prove a useful and worthy endeavour.

In addition, further research that explores the collaborative stance within S-F counselling would be beneficial. Such research could develop much-needed clarity on the controversy within the movement around “not-knowing” and “leading from one step behind”.

Further exploration using microanalysis would also be useful to ascertain techniques and assumptions used by counsellors working with clients who have high R/S salience, and with a diversity of clients across the age, gender, and cultural spectrum.

Finally, it would be useful for the New Zealand Association of Counsellors to form a taskforce to consider how R/S could be a source of benefit and strength for clients (and reflect this in the code of ethics), or to consider developing (or adopting) R/S competencies for counsellors or counsellors-in-training to enable integration of R/S sensitively within New Zealand. Such a taskforce could broaden the Association’s limited focus – noted by

Bray (2011) – on promoting spirituality within counselling from only as R/S relates to biculturalism.

Summary of research

During my research, I perceived my desire for a step-by-step blueprint for how to include clients' R/S beliefs in counselling. I mused on whether the development of the R/S scale was my hope for such a 'silver bullet'. I recognise, however, that using a R/S scale with every client may be too robotic, too forced, and not responsive enough to each individual client's preferences and needs. It lacked the nuances I desired. I can see that there may be times when it is useful to create a R/S scale as a way of discussing a client's spiritual well-being, but I do not plan to use a R/S scale with all my clients.

My research drew my attention to the usefulness of a 'compass' approach, where 'North' signifies an openness or willingness to broach (on all salient issues for the client) and the compass needle represents the language cues of the client, which will direct our session. My blueprint, however, will be to have my 'ears' ready to listen carefully to the client's language, enabling me to ascertain the salience of an issue and then follow the client lead. While listening carefully to hear the language of the client, my 'eyes' will be watching the relationship – growing the collaborative partnership, responsive to any sign of strain as we seek to build a robust therapeutic alliance.

From this exploration I have learnt that integration of clients' R/S in counselling is an adventure – changeable (from week to week in some instances) and dangerous (to the alliance). Yet counsellors can develop both the self-awareness and the skills necessary to welcome and discuss these complex and potentially salient areas, while still allowing the client to steer the session as we are guided by the compass of language to set the course of our counselling.

This adventure is only possible if I, as the counsellor, hold forth a genuine openness (my true north)– an inclusivity that offers clients permission to bring their precious spirituality into the counselling room. This openness to broach R/S issues – or, indeed, other

areas salient to the client (such as sexuality, wealth and privilege, race, culture, disability, gender) seems to me both ethical and fundamental. Rather than not welcoming clients' R/S into the counselling room or treating these areas of life as 'unspeakable' or marginalised; with the client leading, we can warmly welcome them with an openness to their salient beliefs (or issues), as we build strong, collaborative, safe and robust therapeutic alliances for the good of the client.

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Table 1: *Participants' Characteristics*

Participants- pseudonym chosen by participants	Participants' Characteristics			
	Age	Gender	Racial background	R/S beliefs
Kauri	19 years	Female	Māori	atheist spiritually searching
Dark Knight	32 years	Male	NZ European	Pantheistic spirituality
Jack	21 years	Male	NZ European	'not religious', spiritual and searching for religion
Toa	34 years	Male	Pacific Islander	Christian background- 'not practising'

Table 2: *Participant Outcome Data*

Measure	Counselling Session		
	Session 1 14/11/2019	Session 2 19/11/2019	Session 3 6/12/2019
R/S Well-being scale	5.1	5.4	
R/S Helpfulness	5.7	7.7	
SRS Score	32.3	36.0	
ORS Score	16.4	17.8	23.9

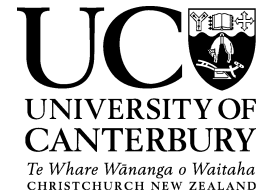
Table 3: Kauri SRS Breakdown of Scales

Session	Session Rating Scale Breakdown				Total SRS score
	Scale 1: “ I felt listened to” /10	Scale 2: ‘We worked on and talked about what I wanted to work on and talk about’ /10	Scale 3: “The therapist’s approach is a good fit for me” /10	Scale 4: “Overall, today’s session was right for me” /10	
Session 1 14/11/19	9.5	7.7	7.2	7.9	32.3
Session 2 19/11/19	9.6	8.9	9.1	8.4	36.0

Table 4: *Assumptions/Approaches & Techniques used to Integrate R/S & SFBT*

Counsellor assumptions/ approaches	Techniques demonstrated
<u>An inclusive approach</u> - to client R/S <i>"Your beliefs are welcome"</i>	<ul style="list-style-type: none"> ○ Normalise diversity of client beliefs: "People believe in many things" ○ Reassure client their R/S beliefs (or anti-beliefs) were welcome ○ Use of minimal encouragers as clients do 'spiritual talk' (affirms client beliefs): "ah, hmm, yes, right, okay" ○ Affirm client agency with their spiritual beliefs: "You can choose what you believe; it's your choice what you believe" ○ Use of R/S well-being scale to broach R/S with the client ○ Tentatively ask client whether they would like to include their R/S beliefs in counselling ○ Acknowledge when R/S has been problematic and following client lead as to whether they choose to include or exclude this in counselling ○ Responsive to client's changing R/S beliefs and desire for integration within counselling ○ Spiritual humility: offer a non-expert R/S stance that offers a smorgasbord of beliefs and not label beliefs ○ Use client R/S language and note possible R/S themes <p><i>Unhelpful technique:</i></p> <ul style="list-style-type: none"> - Asking client, "How important are your beliefs to you?"
<u>An inclusive approach</u> - to counsellor R/S <i>"Where am I coming from?"</i>	<p><i>Techniques related to counsellor R/S awareness:</i></p> <ul style="list-style-type: none"> ○ Assess my R/S knowledge deficiency regarding client beliefs and be proactive; research client beliefs to enable meaningful dialogue ○ Self-awareness of my discomfort or ease with R/S discourse with the client ○ Assess whether the client is outside of my 'zone of toleration'; refer to another counsellor if required
<u>S-F Approach</u> - Client-led approach <i>(the client is the expert on their life)</i> <i>"You're the boss; where do you want to go?"</i>	<ul style="list-style-type: none"> ○ Amplify client agency: "you know what's best; you're the expert on your life" ○ Use listen-select-build to help client co-construct in line with their future-solution talk ○ Follow the client's lead ○ Amplify client resources, skills, and strengths (including R/S) <p><i>Unhelpful technique:</i></p> <ul style="list-style-type: none"> - Counsellor leads the session, promote my ideas of solutions for the client

<p><u>S-F Approach</u></p> <ul style="list-style-type: none"> - Collaborative counsellor stance <p><i>"So you're saying...?"</i></p>	<ul style="list-style-type: none"> ○ Use tentative, hedging language: "is that sort of ... umm, might that" ○ Listen with "big ears" to the client's specific language ○ Use listen-select-build to help client build their future-solution talk ○ Echo or mirror client words and phrases in questions and in summaries <p><i>Other helpful general counselling techniques</i></p> <ul style="list-style-type: none"> ○ Use of the client's own internal frame of reference: "so you're saying 'I'm not so sure about this?'" ○ Awareness of potential power inequalities (with relation to race, culture, gender, or age) ○ Seek an approach that integrates intersectional aspects of client
<p><u>S-F Approach</u></p> <ul style="list-style-type: none"> - Prioritise therapeutic alliance <p><i>"So how do you think we are going?"</i></p>	<ul style="list-style-type: none"> ○ Consider the timing of R/S discussions (broaching) to ensure robust alliance ○ Attend to the non-verbal language of the client, and seek to redress non-attunement of counsellor and possible strains or ruptures to the alliance ○ Careful awareness of counsellor voice volume: using a gentler, quieter tone of voice at more 'difficult' moments ○ Responsive use of the SRS and ORS to value client's view of the alliance and change

Appendix A. University of Canterbury Human Ethics Committee Approval Letter.**HUMAN ETHICS COMMITTEE**

Secretary, Rebecca Robinson
Telephone: +64 03 369 4588, Extn 94588
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2019/148

29 October 2019

Renée Santich
Health Sciences
UNIVERSITY OF CANTERBURY

Dear Renée

The Human Ethics Committee advises that your research proposal “One Counsellor's Exploration of Integrating Clients' Religion/Spirituality with Solution-Focused Counselling” has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 24th October 2019.

Best wishes for your project.

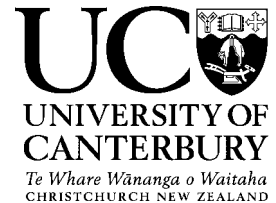
Yours sincerely

A handwritten signature in black ink, appearing to be 'DS' followed by a stylized flourish.

Dr Dean Sutherland
Chair
University of Canterbury Human Ethics Committee

Appendix B. Organisation Information Letter

School of Health Sciences
Telephone: +64 Email: @pg.canterbury.ac.nz
29th October 2019
HEC Ref: 2019/148



Information Sheet for [REDACTED] - Clinical Management

*This research seeks to explore integrating religion/ spirituality
with solution-focused counselling.*

Kia ora [REDACTED],

As you are aware I, Renée Santich have been an intern counsellor at [REDACTED] since late 2018. As part of my internship in the Masters of Counselling Programme at the University of Canterbury, students are required to conduct practice-based research.

The aim of this study is to explore integrating religion/ spirituality with solution-focused counselling in typical counselling sessions with clients who express an interest in this. In this research I will be in the dual role of counsellor and researcher, however primacy will be given at all times to the benefit to the client and their counselling. Research will be conducted under the ethical guidelines for the New Zealand Association of Counsellors at all times. This research explores integrating clients' religion/ spirituality with solution-focused counselling.

I am hoping to conduct this research with 3-4 clients at [REDACTED] with either new or existing clients. Participation is voluntary and be contacted by the Social Worker to ask their consent to participate in the research. The only difference to client-participants' counselling if they give fully informed consent will be audio recording of counselling sessions. It is proposed that if clients are willing to take part in this study, they will allow an audio recording of 1-3 typical counselling sessions (of approximately 50-70 minutes duration).

There are some risks to the research, though these are the same as for typical counselling where discussing issues in the session may be troubling to the clients. If this is the case, there are three options to mitigate this risk: firstly, the counsellor-researcher will endeavor to co-construct solutions with the client within the session as would occur within a typical counselling session. Secondly, if this proves to be unsuccessful for the client, I will have a list of counsellors at [REDACTED] who we could arrange for them to meet with to address any unaddressed concerns/issues, and, or thirdly, the researcher will be available to de-brief after the session if that is what clients would like.

In this research participation is voluntary and clients-participants have the right to withdraw at any stage without penalty. If at any time in the study after the interview/s up until 30th November, client-participants don't feel comfortable being in the study, they are able to contact the researcher through the agency and ask to be removed from the study. I will then destroy all of their recordings, records, and written transcripts related to the research and

counselling will continue without any reference to the research. However, once analysis of raw data starts from 30th November 2019, it will become increasingly difficult to withdraw their consent to this study.

This research is being conducted as part of a thesis that if successful, will be available publicly through the UC library. The results of the project may be published, but participants may be assured of the complete confidentiality and anonymity of their data: their identity will not be made public. At all times with the research they have the right to anonymity and confidentiality of their information. The researcher will ensure locations and other identifying details that may reveal their identity will be altered or removed to ensure anonymity and I will use pseudonyms to ensure anonymity and redact any written documentation that is visible to the research. [REDACTED] as an organisation will be kept anonymous in all data and publications and any public discussion of the research unless you advise otherwise. A copy of the research will be made available for participants and the organisation. *Please indicate to the researcher on the consent form if you would like to receive a pdf copy of the final project.*

According to Human Ethics Policy of the university any data and completed forms would be securely kept in a locked cabinet in my locked home office or stored in a password protected computer accessed only by myself. Data will also be stored on the password protected University of Canterbury server accessible only by the researcher. Details of names and personal details will be kept in a separate location on the computer and coded from the time of consent to protect personal details, such that only the researcher would have access to this. After the research has been completed the recordings and the transcribed material will be kept for 5 years and then destroyed or shredded.

The researcher, Renée Santich will have active supervision by trained counsellor-researchers throughout the project. The project is being carried out as part of the Masters of Counselling, by Renée Santich, under the supervision of Dr. Shanee Barraclough who can be contacted at shanee.barraclough@canterbury.ac.nz she will be available to discuss any concerns you may have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to The Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to the organisations participation in the study, you are asked to complete the consent form and return to the counsellor-researcher by 1st November 2019.

Thank you for your willingness to consider allowing the researcher-intern counsellor Renée Santich, in the Masters of Counselling Programme at the University of Canterbury access to your setting.

Yours sincerely,

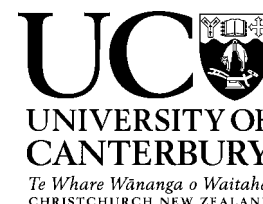
Renée Santich

Counselling Intern - [REDACTED]

Provisional Member New Zealand Association of Counsellors

Appendix C. Organisation Informed Consent Form

School of Health Sciences
 Email: @pg.canterbury.ac.nz
 Telephone: +64
 29th October 2019
 HEC Ref: 2019/148



Exploring integrating clients' religion/spirituality with solution-focused counselling

Consent Form for [REDACTED] Clinical Management

- ☐ I have been given a full explanation of this project and have had the opportunity to ask questions.
 - ☐ I understand what is required of the organisation if I agree to give consent for this research.
 - ☐ I understand that participation for clients is voluntary and they may withdraw at any time until 30th November 2019 without penalty. Withdrawal of participation will also include the destroying of any information/ data related to the research.
 - ☐ I understand that any information or opinions provided will be kept confidential to the researcher and that any published or reported results will not identify the participants or the organisation unless noted below. I understand that a thesis is a public document and will be available through the UC Library.
 - ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and on the University of Canterbury server and will be destroyed after five years.
 - ☐ I understand the risks associated with clients taking part and agree with how they will be managed.
 - ☐ I understand that I can contact the researcher Renée Santich, on [REDACTED] or [REDACTED]@pg.canterbury.ac.nz or Supervisor Dr. Shanee Barraclough who can be contacted at shanee.barraclough@canterbury.ac.nz for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
 - ☐ We would like a copy of the project.
 - ☐ By signing below, I agree to allow consent for Renée Santich to conduct this research at [REDACTED].
- Name: _____ Signed: _____ Date: _____

Email address for report:

Please return to Renée Santich via email @pg.canterbury.ac.nz or
 in person by 1st November 2019.

Appendix D. Participant Information Letter

School of Health Sciences
Telephone: +643 Email: @pg.canterbury.ac.nz
29th October 2019
HEC Ref: 2019/148



Integrating client's spirituality within solution-focused counselling

Information Sheet for Participants

Thank you for your willingness to consider being a research participant for the researcher-counsellor Renée Santich, in the Masters of Counselling Programme at the University of Canterbury. This research seeks to include client's spiritual/ religious beliefs within 2-3 typical counselling sessions.

Information details for the client

This research aims to sensitively discuss within your normal counselling sessions your personal religious/ spiritual beliefs and practices and whether or not to include these religious/ spiritual beliefs within your counselling. You have been approached to take part in this study because the researcher is doing a counselling internship at [REDACTED] and has the opportunity to conduct this research there if clients are willing.

Participation is voluntary and if you choose to take part in this study, your involvement in this project will be allowing a recording (audio and video) of 2-3 typical counselling sessions. This research is not about numbers and statistics but about recording a typical counselling session.

As a follow-up to this investigation, the counsellor-researcher will transcribe into text any parts of the sessions related to the research, and you will be asked to if you are willing, to discuss a summary of the sessions to check accuracy and offer editorial suggestions.

In the course of counselling, there are risks of discussing issues in the session that may be troubling to you, related to your spirituality/ beliefs or other areas. If this is the case, you have three options for support: firstly, the researcher will seek to find a useful solution with you the client within the session as would occur within a typical counselling session. Secondly, she will have a list of counsellors at [REDACTED] who we could arrange for you meet with to address any unresolved concerns/issues, and, or thirdly, the researcher will be available to de-brief after the session if that is what you would prefer.

Participation is voluntary and you have the right to withdraw at any stage without penalty. If at any time in the study after the interview/s up until 30th November 2019 you don't feel comfortable being in the study, you are able to contact the researcher through the agency, and she will destroy all of your records, audio and written transcripts related to the research, and counselling will continue without any reference to the research.

This research is being conducted as part of a thesis that if successful, will be available publicly through the UC library. The results of the project may be published, but you may be assured of the

complete confidentiality of data gathered in this investigation: your identity will not be made public. At all times with the research you have the right to anonymity and confidentiality of your information. In the research you are able to create a pseudonym so people will not be able to recognise your identity if that is what you would like. The researcher will ensure locations and other identifying details that may reveal your identity will be altered or removed to ensure anonymity.

According to Human Ethics Policy of the university any data and completed forms would be securely kept in a locked cabinet in my home office or stored in a password protected computer accessed only by myself. Data will also be stored on the password protected University of Canterbury server. Details of names and personal details will be kept in a separate location on the computer and coded from the time of consent to protect personal details, such that only the researcher would have access to this. After the research has been completed the recordings will be destroyed and the transcribed material kept for 5 years and then destroyed.

Please indicate to the researcher on the consent form if you would like to receive a pdf copy of the final project.

The project is being carried out as part of the Masters of Counselling, by Renée Santich, under the supervision of Dr. Shane Barraclough who can be contacted at shanee.barraclough@canterbury.ac.nz She will be pleased to discuss any concerns you may have about participation in the project.

Your researcher, Renée Santich is a beginner researcher, that means she is new to the role of counsellor-researcher. She will have active supervision by trained counsellor-researchers throughout the research.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to The Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to participate in the study, you are asked to complete the consent form and return to the counsellor-researcher when you attend [REDACTED] for your first or next counselling session.

If you do not agree to be a part of the research, counselling will continue without any reference to the research by the counsellor.

Yours sincerely,

Renée Santich
Counselling Intern [REDACTED]
Provisional Member New Zealand Association of Counsellors

Appendix E. Participant Informed Consent Form

School of Health Sciences
 Email: renee.santich@pg.canterbury.ac.nz
 Telephone: +643 [REDACTED]
 29th October 2019
 HEC Ref: 2019/148



Exploring integrating clients spirituality with solution-focused counselling

Consent Form for Participant- Client

- ☐ I have been given a full explanation of this project and have had the opportunity to ask questions.
- ☐ I understand what is required of me if I agree to take part in the research.
- ☐ I understand that participation is voluntary and I may withdraw at any time without penalty. Withdrawal of participation will also include destroying any information/ data prior to November 30th 2019.
- ☐ I understand that any information or opinions I provide will be kept confidential to the researcher and that any published or reported results will not identify the participants or organisation. I understand that a thesis is a public document and will be available through the UC Library.
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.
- ☐ I understand the risks associated with taking part and how they will be managed.
- ☐ I understand that I can contact the researcher Renée Santich, through [REDACTED] or renee.santich@pg.canterbury.ac.nz or supervisor Dr. Shanee Barraclough who can be contacted at shanee.barraclough@canterbury.ac.nz for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- ☐ I would like a copy of the project emailed to me. Please add your email address below.
- ☐ By signing below, I agree to participate in this research project.

Name: _____ Signed: _____ Date: _____

Email address to send copy of the report:

*This form can be sent in the stamped addressed envelope,
 or brought to [REDACTED] with your first/ next appointment.*

Appendix F. Outcome Rating Scale (ORS)

Name _____ Age (Yrs.): ____ Gender: _____
 Session # ____ Date: _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

Individually

(Personal well-being)

|-----|

Interpersonally

(Family, close relationships)

|-----|

Socially

(Work, school, friendships)

|-----|

Overall

(General sense of well-being)

|-----|

Better Outcomes Now; <https://www.betteroutcomesnow.com>; © 2000, Scott D. Miller and Barry L. Duncan

Religious/ spiritual well-being

(how would you rate this?)

|-----|

Appendix G. Session Rating Scale (SRS v.3.0)

Name _____	Age (Yrs.): ____
ID# _____	Gender: ____
Session # ____	Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected.

I-----I

I felt heard, understood, and respected.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk

I-----I

We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The therapist's approach is *not* a good fit for me.

I-----I

The therapist's approach is a good fit for me.

Overall

There was something missing in the session today.

I-----I

Overall, today's session was right for me.

Better Outcomes Now; <https://www.betteroutcomesnow.com>; © 2002, Scott D. Miller, Barry L. Duncan, & Lynn Johnson

Religious/ Spiritual Well-being

It was not helpful to include in my counselling.

I-----I

This was helpful to include in my counselling.

Appendix H. Session 1 – Broaching with Kauri

K=Kauri; C=Counsellor;

() = opposite person speaking; [] = manner of speech changes

4:35 C: And here, just tell me a little bit about this mark there, that you have sort of put in the middle? *[pointing to the mark on the R/S wellbeing scale the client has made]*

K: I- don't- really- think- about- it- that- much *[speaking in a slower staccato way]*, unless I like, *[pause]* you know, you know like make myself *[starts laughing]* think about it (ok), like intentionally (ok) *[laughing stops]*

C: Ok

K: but I'm not religious, but yeh

C: Yeh, ok

K: But you said about the all being connected thing

C: Mm huh

K: That kind of made me think of, yeh.
But I'm not, nothing bad, nothing great (no).
It's just like, there.

C: yeh, ok, yeh, So, you sort of have some sort of spirituality that's sort of there, and um, is that, how important is that to you, do you think, would you say? That bit of spirituality that's there?

K: Aah, I don't think about it a lot, but, then I think of like, think of stuff, 'cos I'm not religious or anything, like, (mm), 'cos I don't really believe in God, but I do believe in things happen for a reason

C: Right

K: and like, like the *death* part *[said with death emphasised]*,
like, I don't think there's a heaven, but, I hope, good people go, somewhere

6:00 C: Yeh, ok, yeh, cool, and do you think that for you, that, that some of the sense of, some of that spiritual stuff that you think about sometimes,
some of that might be useful for you to bring into counselling a little?
Or, or, what's your take, or do you think, actually I'm not sure that's going to be much use?

K: mmhm

C: I don't know, what are your thoughts on that?

[lowering my voice volume to try and not intimidate]

K: maybe *[quiet voice]*, (ok)

I'll just see

C: Ok, ok, cool, 'cause maybe some of that purpose stuff, might, might (mm) be, be useful? *[gentler voice used]*

K: Yeh, (ok) religion is like a uuu-ffff *[noise the client made with her lips]* (yeh)

like, to me

C: Oh, ok, so it's a bit of a like aau-chhh *[I made a noise trying to represent a yucky noise mimicking her noise]*

that's not me at all?

K: It's, the, people, that *[in a slower voice]*, give it, a, negative vibe (yeh), that I, don't love

C: *[I chuckle]* Yeh

K: That's not what I'm not here for at all *[lowered her voice to quite soft; meaning she was not here at counselling to talk about religion/ religious people]*

C: *[Laughing gently]*, Yeh, Yeh.

So we can put a cross through that! *[counsellor drew a line through the word religious on the scale]*

'Cause that's not where you're at

K: No, no

C: For you, it's more spiritual wellbeing that works for you

K: mmm

7:00 C: Great, cool, ok and, thinking about the scales there, is there anything you would like us to, What are your best hopes that we might talk about from that, do you think today?

Appendix I. Whiteboard Session 2, Kauri

